

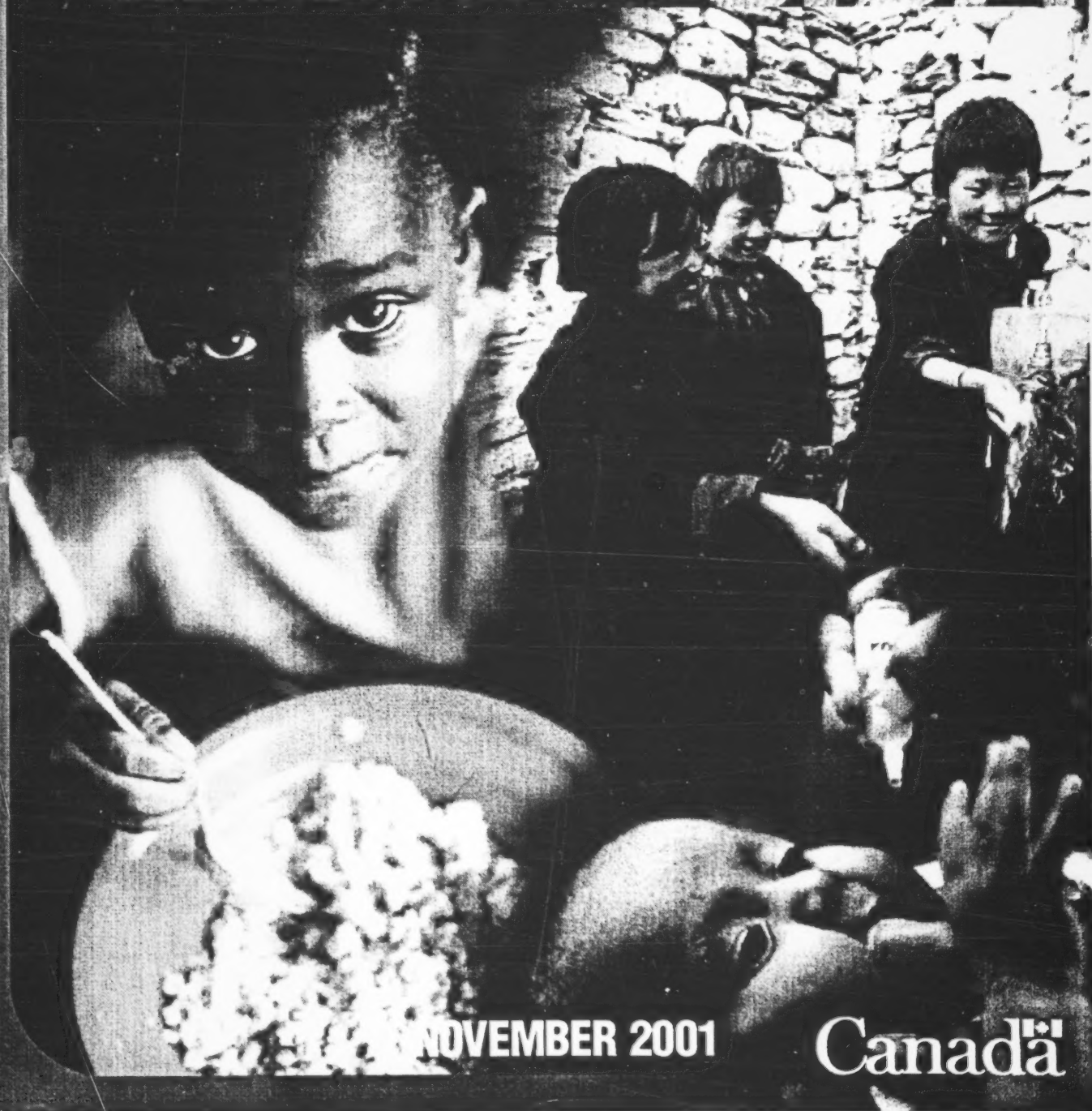


Canadian International
Development Agency

Agence canadienne de
développement international

CIDA's ACTION PLAN ON HEALTH AND NUTRITION

CIDA



NOVEMBER 2001

Canada

**The Canadian International
Development Agency (CIDA)**

200 Promenade du Portage
Hull, Quebec
Canada K1A 0G4

Telephone:

(819) 997-5006, 1-800-230-6349

For the hearing and speech impaired:

(819) 953-5023, 1-800-331-5018

Fax: (819) 953-6088

Web site: www.acdi-cida.gc.ca

E-mail: info@acdi-cida.gc.ca

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Message from the Minister



In September 2000, the world's leaders, including the Prime Minister of Canada, endorsed the Millennium Development Goals, the first of which is to halve the percentage of people living in poverty by 2015.

As Minister responsible for the Canadian International Development Agency (CIDA), my job is to ensure that Canada contributes its share of the global effort to achieve these targets. This work also fulfills our mandate from the Parliament of Canada: to support sustainable development in developing countries in order to reduce poverty and to contribute to a more secure, equitable, and prosperous world.

Sustainable development requires healthy citizens. I believe there is a moral imperative to reduce poverty. I also believe that it is in Canada's enlightened self-interest to do so: the best way to secure the future for our children and grandchildren is to surround ourselves with healthy, prosperous, and stable neighbours. I further believe that the more we learn about how to deliver effective aid, the more our obligation rises. That is why I am very pleased with *CIDA's Action Plan on Health and Nutrition*. Its focus on strengthening health systems to deliver basic services and on building local capacity will help ensure that the poor of these countries benefit from health services long after we Canadians have left.

I invite all Canadians to work with us to strengthen Canada's contribution to the global effort to reduce poverty and inequity around the world.

A handwritten signature in cursive script that reads "Maria Minna".

Maria Minna
Minister for International Cooperation

The background of the page is a grainy, black and white photograph. In the foreground, a person's arm and hand are visible, holding a white rectangular object, possibly a piece of paper or a small sign. In the background, several other people are standing in a field or open area, some appearing to be engaged in an activity. The overall tone is somber and documentary.

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1

Introduction and overview

Still, the right to health remains unfulfilled for many, particularly the poorest and most marginalized populations in developing countries and countries in transition.

The world has achieved unprecedented progress in health in just two generations: smallpox has been eradicated, polio is near extinction, child mortality rates have fallen dramatically, and one billion more people have access to clean drinking water. The reasons for these successes are many, but improving health systems and introducing strong public policy and programs in primary health care, nutrition, water and sanitation, gender equality, poverty reduction, and education are high on the list. In addition, increased international focus on some of the core challenges facing the poorest citizens has concentrated both efforts and resources on meeting them.

Still, the right to health remains unfulfilled for many, particularly the poorest and most marginalized populations in developing countries and countries in transition:

- children in the least developed countries are 10 times more likely to die before the age of five;
- women are more than 100 times more likely to die of pregnancy-related causes than their counterparts in industrialized countries;
- 25 percent of the population in developing countries and countries in transition lack access to clean drinking water, and less than half have access to adequate sanitation;
- more than 350 million children and adults are suffering from malnutrition;
- the gap in life expectancy between the richest and poorest countries is more than 30 years; and
- HIV/AIDS, the leading cause of death in sub-Saharan Africa, is eroding the health and development gains of the previous 50 years in many countries, leading to significant declines in life expectancy.

The Government of Canada, through the Canadian International Development Agency (CIDA), is responding to these global challenges by increasing its own efforts to support national and international initiatives throughout the world to meet the health and nutrition needs of its poorest countries and people.

On September 5, 2000, the Honourable Maria Minna, Minister for International Cooperation, launched *CIDA's Social Development Priorities: A Framework for Action*. This framework, set in the context of CIDA's

*A key addition to
this Action Plan is the
critical role of water
and sanitation, which is
the source of almost
80 percent of the health
problems in developing
countries.*





program priorities as outlined in *Canada in the World*, is a bold five-year investment plan to increase spending and programming in four areas: health and nutrition, basic education, HIV/AIDS, and child protection. Spending in these areas will total \$2.8 billion over five years.

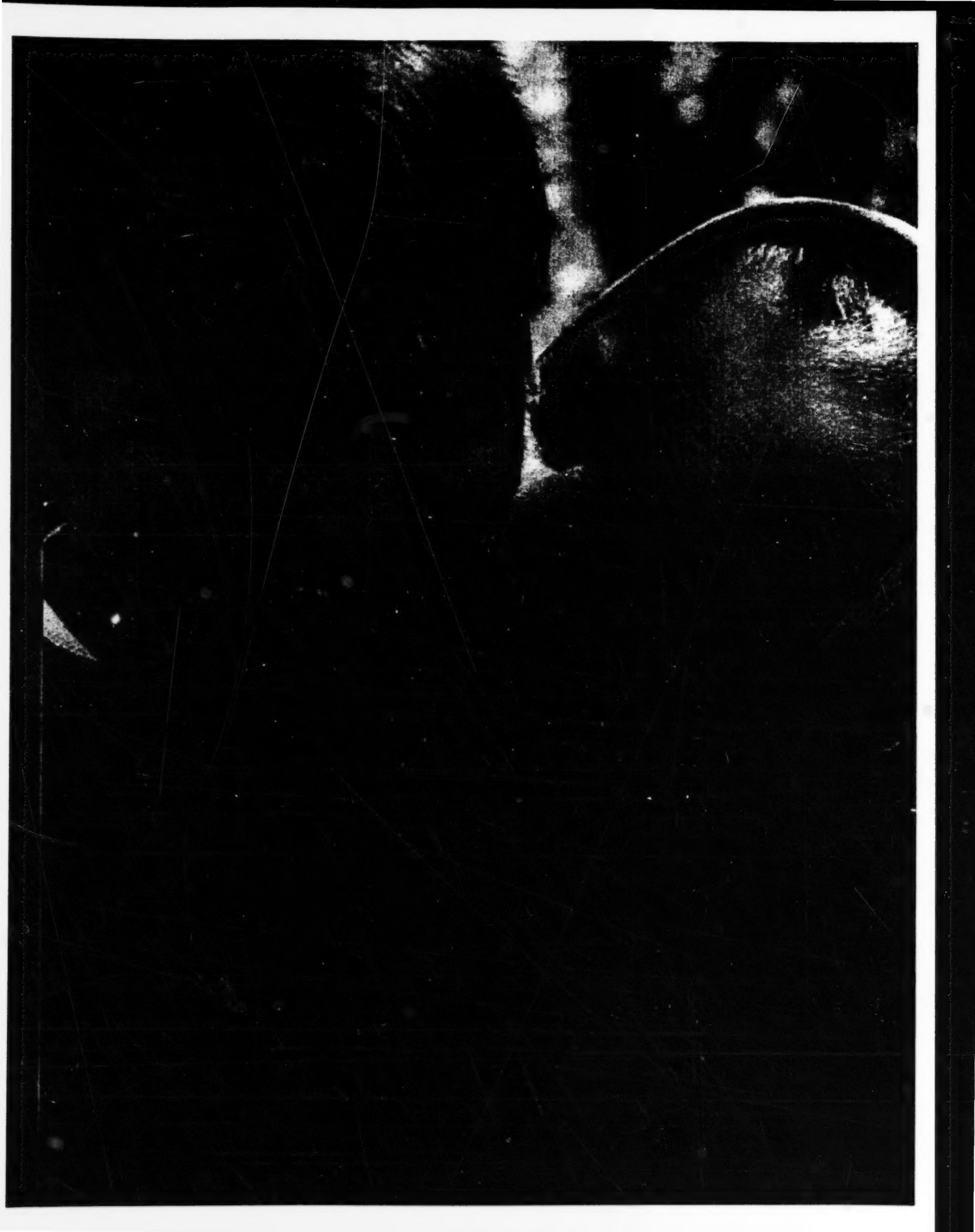
CIDA's Action Plan on Health and Nutrition builds on CIDA's 1996 *Strategy for Health*, and outlines the Agency's plans to contribute to the progressive realization of the right of everyone to the highest attainable standard of physical and mental health through its policy and programming work. A key addition to this Action Plan is the critical role of water and sanitation, which is the source of almost 80 percent of the health problems in developing countries. The total five-year investment will be \$1.2 billion, which includes a doubling of spending on basic health, nutrition, and water and sanitation, from \$152 million per year in 2000 to \$305 million per year in 2005.

The other social development priorities have clear links to health and nutrition, and additional spending in HIV/AIDS, basic education, and child protection will benefit the health of the poor and marginalized.

This Action Plan links with discussions on *Strengthening Aid Effectiveness: New Approaches to Canada's International Assistance Program*, which addresses how assistance is delivered. This document examines a number of issues, such as the role of partners, geographic and sectoral concentration, tied aid, new program approaches, and policy coherence.

The Action Plan also complements and supports *CIDA's Sustainable Development Strategy 2001-2003: An Agenda for Change*, which provides an outline of the Agency's goals and objectives, as well as the strategies and priority actions that it needs to meet the evolving development challenges of the 21st century. Improving health and nutrition is crucial to achieving CIDA's sustainable development goals.

The social development priorities document, within the context of *CIDA's Sustainable Development Strategy*, provides CIDA's road map for addressing social development challenges until 2005. The *Strengthening Aid Effectiveness* document helps us pinpoint how we will be able to better deliver the programming and policies that are needed to achieve the goals we have set for ourselves in the social development priorities document and *CIDA's Sustainable Development Strategy*.



2

Building on sound principles

Local ownership is critical to ensuring that development efforts respond to national and community needs and priorities.

Reducing poverty

CIDA's overarching mandate is to contribute to the reduction of poverty throughout the world by supporting sustainable development. As part of that mission, the Agency's health, nutrition, and water and sanitation programs must focus on those conditions that affect the poor disproportionately, and efforts must be designed to reach them where they live and work.

Health: A human right

Health is a human right enshrined in the *Universal Declaration of Human Rights*, the *International Covenant on Economic, Social and Cultural Rights*, the *Convention on the Elimination of All Forms of Discrimination Against Women*, and the *Convention on the Rights of the Child*. A rights-based approach to health reflects the principles of respect for the dignity and worth of each person and the universality of human rights, meaning that it should be applied equally and without discrimination to all people. It is based on the belief and experience that development is effective, equitable, and sustainable when designed to ensure the realization of human rights.

This approach requires that human rights are fully integrated into analysis, strategy, program design, and implementation, as well as into the monitoring and assessment of all health projects. Integrating human rights into development means incorporating the empowerment of poor people into our approaches to tackling poverty. It means ensuring that voices of poor women and men, girls and boys are heard when decisions that affect their lives are made. It also requires that the obstacles to the enjoyment of the right to the highest attainable standard of physical and mental health—whether systemic, cultural, legal, or otherwise—be identified and addressed.





Supporting countries as they lead their own development

Local ownership is critical to ensuring that development efforts respond to national and community needs and priorities, and that they can become sustainable over time. Moreover, when countries take a lead in coordinating donors (through sector-wide approaches, for example), programs in any field can become more effective. The full participation of communities and civil society in this process must be promoted and encouraged.

Promoting gender equality

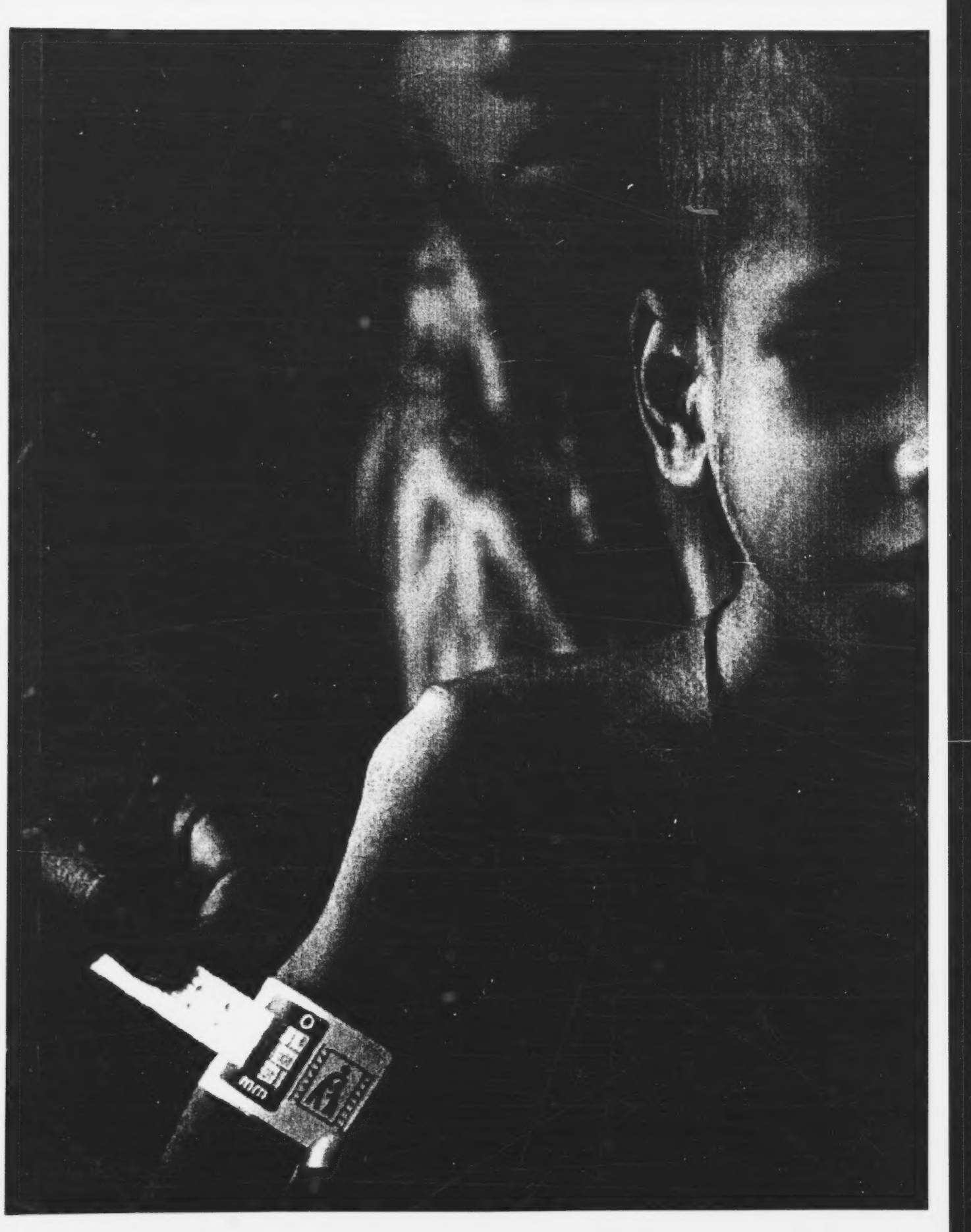
Analysis of gender inequalities and their consequences, such as the specific risks or constraints that women and girls face in accessing services, can result in more effective approaches to health, nutrition, and water and sanitation promotion, disease prevention, health care and services, and research.

Safeguarding the environment

The environment—including water supply—not only shapes many health, nutrition, and water and sanitation outcomes, it can in turn be positively or negatively affected by development interventions (such as using DDT to control malarial mosquitoes). Sound programming must assess both environmental causes and impacts if development is to be sustainable.

Working across sectors

Intersectoral programming brings better results. Work in health, food security and nutrition, and water and sanitation also needs to be integrated with efforts in other core sectors, including agriculture, education, human rights, governance, and the environment.



3

Causes of mortality and morbidity in developing countries and countries in transition

Malnutrition is associated with the deaths of 5 to 6 million children under five years of age each year. This represents more than half of all child deaths that occur in developing countries.

The primary causes of mortality (death) and morbidity (injury and disease) in the countries in which CIDA works can be grouped under the following four general areas:

1. Malnutrition

More than half of the world's population suffers from some form of hunger or malnutrition. More than 200 million adults and 150 million children under five years of age show signs of protein-energy malnutrition, and 3.5 billion individuals suffer from specific micro-nutrient deficiencies such as vitamin A, iodine, and iron. Women and young children are especially at risk due to the high nutrient requirements of growth, pregnancy, and lactation. Malnutrition during pregnancy is associated with 20 percent of all maternal deaths, and contributes to many stillbirths and the deaths of infants in the first weeks of life.

Malnutrition is associated with the deaths of 5 to 6 million children under five years of age each year, which represents more than half of all child deaths that occur in developing countries (see Figure 1). Children who are poorly nourished are more likely to become ill, and once ill, they will experience more severe illnesses of a longer duration, which can then become life-threatening. In turn, children who are already ill are far more likely to suffer from malnutrition. If children are even mildly malnourished, their risk of dying is more than doubled—for a severely malnourished child, the risk is increased eightfold. Breast-feeding can help prevent some of these problems; where infant mortality rates are high, it is estimated that a bottle-fed baby is up to 14 times more likely to die than a baby that is exclusively breast-fed.

An abnormal physiological condition caused by deficiencies, excesses, or imbalances in energy, protein, or other nutrients.

Figure 1: Causes of child mortality (WHO, 1996)

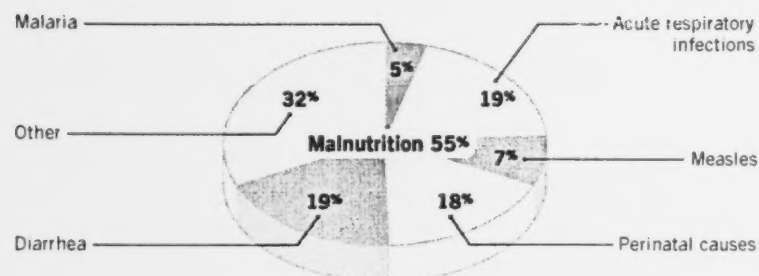
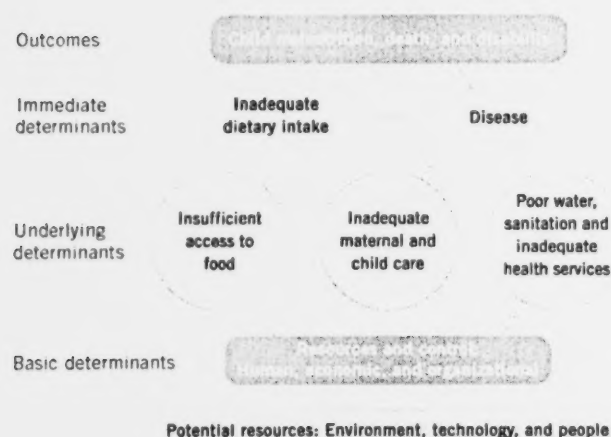


Figure 2: Nutrition and disease (adapted from UNICEF, 1997)



Every year, 250,000 to 500,000 children are blinded from vitamin-A deficiency, and those affected by iodine and iron deficiencies lose an average of 10 to 15 IQ points, which further diminishes their ability to survive and prosper. Iron-deficiency anemia affects up to half the women in developing countries (almost double the rate of men affected), compounding the health effects of excessive workloads and the stress of high fertility.

In some countries, future nutrition priorities for the poor will also include problems of obesity, cardiovascular disease, diabetes, and high blood pressure.

The causes of malnutrition are themselves complex. Figure 2 draws some of the links among malnutrition, disease, inadequate food, poor water and sanitation, and other social, environmental, and political factors. Efforts to reduce malnutrition must therefore be multifaceted. They will require integrated work across sectors and at different levels, including efforts to promote food security.

Bangladesh National Nutrition Programme

The Bangladesh National Nutrition Programme was the first major attempt by Bangladesh to translate the nutritional goals set at international conferences into reality. Implemented with the assistance of non-governmental organizations (NGOs), the project encompasses one of the most promising large-scale community-based programs in the world aimed at reducing childhood malnutrition. About 30 percent of the rural population living in 139 districts—in addition to people in Dhaka and Khulna—receive community-based nutritional services, targeted especially at children under the age of two, adolescent girls, and pregnant and breast-feeding women. After two and a half years of implementation, severe malnutrition among children under two declined from 13 to 2 percent; the percentage of pregnant women with weight gain of at least seven kilos was roughly 40 percent; and some 75 percent of salt consumed by project households was iodized.

2. Poor sexual and reproductive health

FAMILY PLANNING AND SAFE MOTHERHOOD

Because of the enormous unmet need for family-planning services, the United Nations Population Fund (UNFPA) estimates that one-third of all pregnancies—about 80 million per year—are unwanted or mistimed. In the absence of adequate family-planning services, women have more children than they plan, at shorter intervals, from a younger age—all factors that contribute significantly to maternal mortality and morbidity.

Every year, 585,000 women die from preventable complications of pregnancy and childbirth (UNFPA, 2000). Ninety-nine percent of these deaths occur in the developing world (see Figure 3). Most maternal deaths and complications occur during or shortly after delivery due to lack of access to emergency obstetric care, since up to 52 million women per year give birth unattended. Lack of pre- and postpartum care and post-abortion care also contribute to death.

Thousands more women are left with long-term physical complications including chronic pain, impaired mobility, reproductive-system damage, and infertility. Such complications may have social repercussions for women. They may be ostracized or abandoned by their



Figure 3: Causes of maternal death worldwide (WHO, 1997)

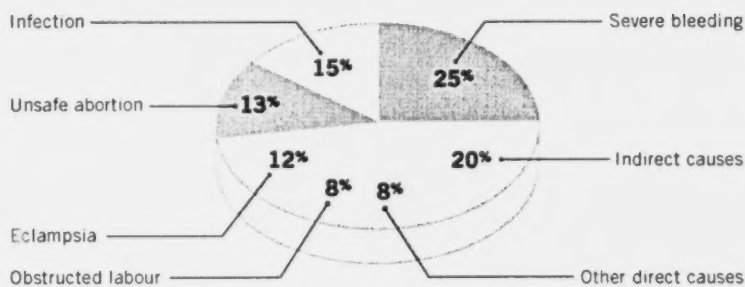


Figure 1: Causes of child mortality (WHO, 1996)

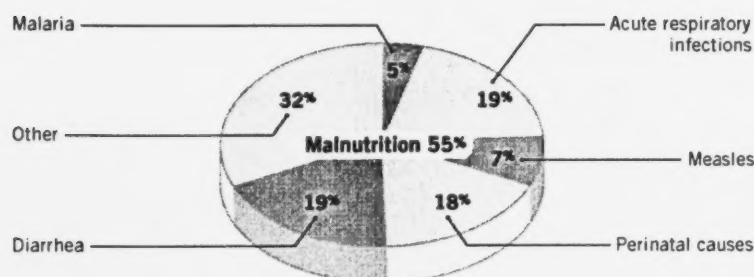
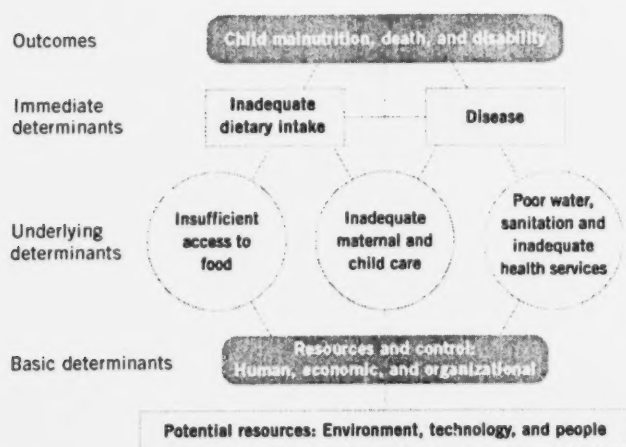


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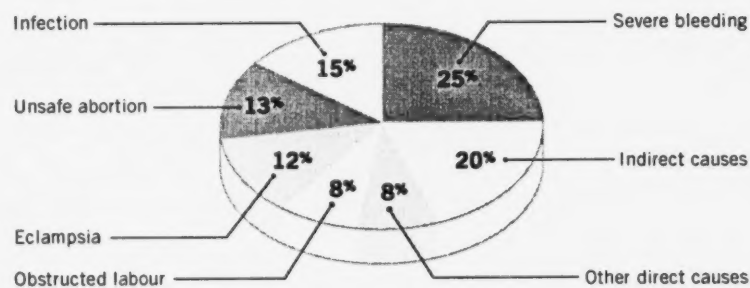
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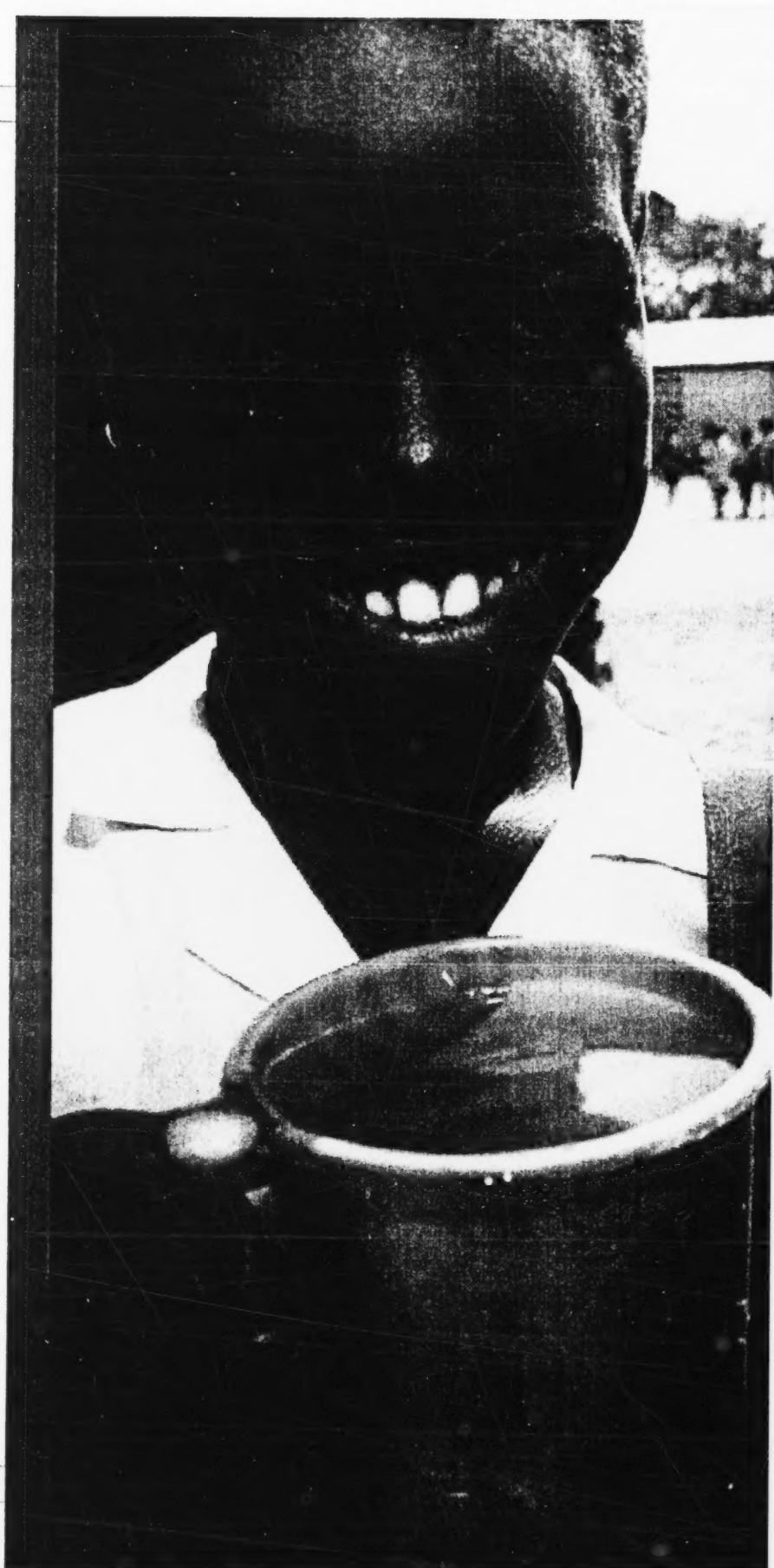
family members, and they can be subject to depression and other mental health disorders.

In sub-Saharan Africa and South-central Asia, up to 18 percent of births are to women younger than 20 years old (UNFPA, 2000). Such pregnancies result in a fivefold higher maternal mortality rate than in mothers over 20, and can start an intergenerational cycle of poor health and nutrition. It is particularly crucial that these young women receive the information and services they need to protect themselves against unplanned pregnancies and disease.

Poor reproductive health for mothers often results in poor health for children, who may suffer from lack of care if their mothers are ill or unable to work. Lack of prenatal care, proper nutrition, and skilled attendants at delivery contribute to poor maternal and child health and increase the risk of death. Children who lose their mothers to pregnancy-related complications are then themselves at higher risk of dying.

SEXUALLY TRANSMITTED INFECTIONS

The most serious sexually transmitted infection (STI) is HIV/AIDS, which infected 5.3 million more people in 2000 alone (HIV/AIDS is covered in *CIDA's HIV/AIDS Action Plan*). Yet, even without counting HIV/AIDS infections,



There is evidence that provision of adequate sanitation facilities, safe water supply, and hygiene education represents an effective health intervention that reduces mortality caused by diarrhea by an average of 65 percent, and the related morbidity by 26 percent. Inadequate sanitation, hygiene, and water result not only in more sickness and death, but also in higher health costs, lower worker productivity, lower school enrolment and retention rate of girls, and, perhaps most important, the denial of the right of all people to live in dignity.

Gro Harlem Brundtland

Director-General

World Health Organization

Global Water Assessment 2000

there are 333 million STI cases each year. STIs can be difficult to detect since they are asymptomatic, particularly in women. Left untreated, STIs such as chlamydia, gonorrhea, trichomoniasis, and syphilis can cause pain, morbidity, infertility, increased susceptibility to HIV infection, and death. Improving access to and information on reproductive health care is key to reducing the rates of STIs.

FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) refers to the removal of all or parts of the clitoris and other genitalia. FGM causes unnecessary suffering, disease, reproductive complications, and death. This practice is per-

formed on 2 million girls each year, mostly in Africa, the Arabian Peninsula, and the Gulf region. It also occurs among some minority groups in Asia, and among immigrant women in Europe, Canada, and the United States (UNFPA, 2000).

3. Communicable diseases

Of all the conditions that affect women, men, girls, and boys in developing countries, communicable diseases account for almost half of all deaths. The World Health Organization (WHO) reports that, over the next hour, 1,500 people will die from an infectious disease—over half of them will be children

Bangladesh Health and Population Programme

In 1998, the Government of Bangladesh embarked on a new sector-wide approach to health and population, with the goal of ensuring more coherent implementation, less duplication, and greater cost-efficiency. In place of some 120 separate family-planning and population projects, donors now provide funding to a single program (the world's largest family planning program) and monitor its progress collectively. The overall goal is to contribute to the improvement of the health and family-welfare status among the most vulnerable by addressing poverty as a determinant of health, removing barriers to accessing services, and expanding service coverage.

Building on almost 25 years of family-planning partnership with Bangladesh, CIDA has contributed to a new approach to family-planning and health programming known as the "intersectoral population program." This approach focuses on underlying social factors linked to high fertility and rapid population growth, including education, employment, income generation, and the improvement of the status of women. The efforts of the last 25 years are paying off: the *WHO World Health Report 2000* ranks Bangladesh 88th in terms of the overall performance of health systems (well ahead of other South Asian countries), and the total fertility rate is estimated to have fallen from 6.8 births per woman in 1975 to 3.3 births in 1999.

120
TUBERCULOSIS





under five. Of the rest, most will be working-aged adults, many of them breadwinners and parents.

Half of those deaths can in turn be attributed to only three diseases—HIV/AIDS, tuberculosis (TB), and malaria—that together cause over 300 million illnesses and claim more than 5 million lives each year. In 2000, there were 36.1 million adults and children living with HIV/AIDS, with 5 million new infections and 3 million deaths. TB kills approximately 2 million people each year. Malaria, a tropical parasitic disease, kills over 1 million people per year.

In addition to these three major killers, acute respiratory infections, vaccine-preventable diseases such as measles, hemophilus influenza B, hepatitis B, and diseases spread through unsafe water such as diarrheal disease, cholera, and schistosomiasis continue to take a major toll on children in particular. Infections caused by the lack of

clean water, poor sanitation, and inadequate hygiene often impede a person's ability to absorb nutrients, and can cause anemia, malnutrition, and sometimes death. As a result, many people suffer impaired growth, learning, development, and productivity. Most deaths from water-related disease could be prevented by providing safe drinking water, latrines, and improved hygiene, and could be treated through such low-cost measures as oral-rehydration therapy.

Poor women are especially vulnerable to communicable disease because of low nutritional status, the stress of early and repeated pregnancies, restricted access to education and gainful employment, and heavy workloads. These factors are either created or exacerbated by gender discrimination. Girls are less likely than boys to be brought to health services for immunization and early diagnosis and treatment of

Tuberculosis in the Philippines

Working with the Ministry of Health's national TB prevention and control program, World Vision Canada and World Vision Philippines are leading a TB treatment program in which more than 3,000 patients undergo daily supervised treatment in 49 municipalities and 900 villages in four Philippine provinces. Buttressed by broad political support at the municipal level, a key to the program's success is the "treatment partner" approach, in which a volunteer visits the patient daily to administer and monitor their medications. Dubbed "Kusog Baga," or healthy lungs, the CIDA-funded \$2-million initiative is helping to halt the spread of this serious disease. With an overall cure rate of 87 percent, the Kusog Baga project is training health-care workers to better detect and manage TB cases, improving reporting and recording, and providing better drug supply, distribution, and monitoring.



communicable diseases (WHO, 1998). Pregnant women are more likely to contract malaria, and the symptoms are likely to be more severe than for non-pregnant women and more likely to result in severe anemia and death. Malaria during pregnancy also has negative health consequences for the newborn child, including low birth, weight, pre-term birth, and intra-uterine growth retardation. TB is now the single biggest infectious killer of women in the world, according to the World Health Organization, and the "gender gap" in access to services for treatment of illnesses such as TB is worrisome. The discrimination, stigma, and consequences for women suffering from TB infection can be

great, and the growing numbers "co-infected" with HIV requires urgent action.

4. Non-communicable diseases, including injury

While infectious disease is a prime killer, some countries are beginning to experience a "health transition"—a situation in which non-communicable diseases, such as those caused by tobacco use, are also becoming significant factors in the burden of disease. In addition, injury and mental illness continue to be important contributors to this burden of disease in the developing world.

TOBACCO

Disease related to tobacco use causes about 4 million deaths each year worldwide—more than HIV/AIDS. It is estimated that by 2030, tobacco use will cause 10 million deaths per year, over two-thirds in developing countries, which presently account for 70 percent of tobacco use. Tobacco use has significant consequences for environment, trade, and social policy issues, as well as power and gender relations at the societal and household levels. In Vietnam, for example, national statistics show that annual household expenditure on tobacco is 1.7 times higher than expenditure on education, and 1.5 times higher than that for health.

Women and children are especially at risk. Children's health is being compromised, as they start using tobacco products at an increasingly younger age and are exposed to environmental tobacco smoke in the home. For women, smoking carries particular risks such as cervical cancer and breast cancer. Smoking during pregnancy also creates particular risks for children, including lower birth weight and intrauterine growth retardation, which are more frequent among women who smoke than among those who do not.

INJURY

Injuries and trauma are major contributors to morbidity and mortality in developing countries. Injury, including road traffic accidents, falls,

fires, interpersonal violence, and war, constitutes a worldwide pandemic. Injury kills 5.1 million people each year, and road traffic injuries alone kill 1.2 million. Injury is increasing, both in absolute numbers and in its relative contribution to the global burden of disease. Ninety-four percent of the global burden of injury occurs in the developing world.

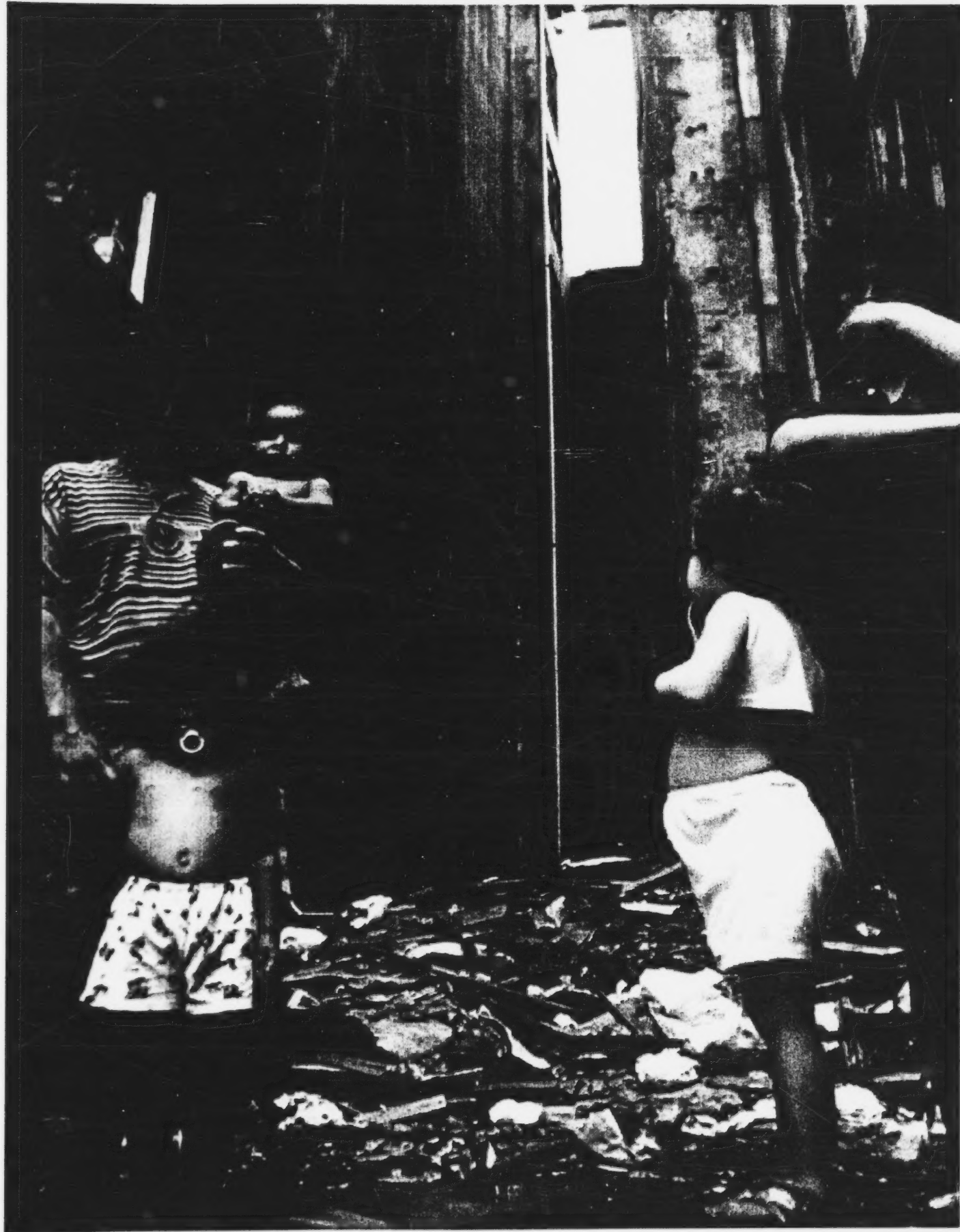
MENTAL-HEALTH PROBLEMS

Mental-health data suggests that mental-health problems are among the most important contributors to the global burden of disease and disability. Up to 20 percent of those attending primary health care in developing countries suffer from anxiety and/or depressive disorders. In most centres, these patients are

not recognized and therefore not treated.

Mental-health disorders vary greatly between men and women. Depression, anxiety, psychological distress, sexual violence, domestic violence, and escalating rates of substance use affect women to a greater extent than men across different countries and different settings. Pressures created by their multiple roles, gender discrimination, and associated factors of poverty, hunger, malnutrition, overwork, domestic violence, and sexual abuse combine to account for women's poor mental-health status. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental-health problems in women.





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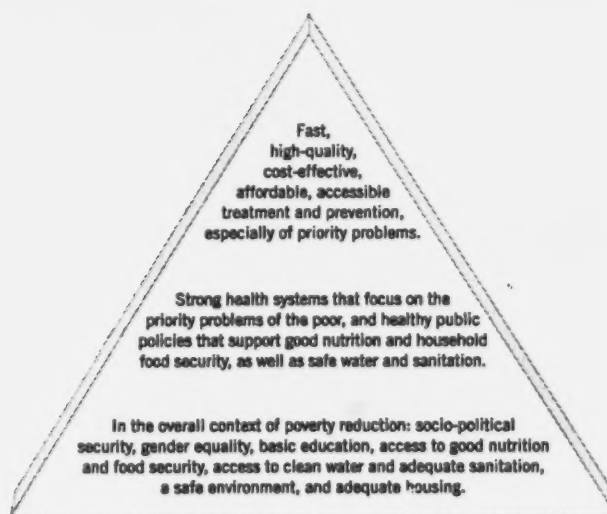
Determinants of health

Poor health and nutrition are not only consequences of poverty, they are also leading causes of poverty, because they greatly reduce the ability to learn and work, diminishing productivity and creating dependency.

The World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease. The determinants of health—the physical, social, economic, environmental, and cultural factors particular to each country that affect why and how the causes of mortality and morbidity discussed above affect the poor so heavily—are complex and require close examination so that the links among the determinants, and between health and other sectors, can be better understood and acted upon.

Figure 4 illustrates the linkages between treatment/prevention (like medication to treat malaria, or bed nets to prevent bites from malaria mosquitoes), public health and nutrition systems (that offer a supporting package of primary health-care services, such as reproductive health services to pregnant women, who are particularly susceptible to malaria), and the general public policy environment.

Figure 4: Determinants of health





Poverty

Those living in absolute poverty (people earning less than US\$1 per day) are five times more likely to die before reaching the age of 5 years, and 2.5 times more likely to die between the ages of 15 to 59 years. Maternal mortality in the poorest countries is more than 100 times that of industrialized countries.

Poor health and nutrition are not only consequences of poverty, they are also leading causes of poverty, because they greatly reduce the ability to learn and work, diminishing productivity and creating dependency. Ill health and poverty are a vicious circle; ill people are more likely to become poor, and the poor are more likely to become ill. The evidence of this economic relationship is growing, and was the subject of discussion at a thematic session chaired by Canada at the Third United Nations Conference on Least Developed Countries in May 2001.

Gender equality

Human development is neither successful nor sustainable unless women's views, interests, and needs shape the development agenda as much as men's, and unless that agenda supports progress towards equal relations between women and men. Although strides have been made in improving health generally, available sex-disaggregated data reveal that women's health has lagged behind (WHO, 1998; World Bank, 2001).

Achieving gender equality in health requires eliminating the health inequities that exist as a result of the different roles women and men fulfill in society. Gender inequalities intensify poverty, perpetuate it from one generation to the next, and weaken women's and girls' ability to overcome it. Constraints faced by women and girls include: lack of mobility; low self-esteem; lack of access to and control over resources and basic social services, training and capacity-

development opportunities, and information and technology; low participation in decision-making in the state, the judiciary, development and private-sector organizations, and in communities and households. As a result, women's and girls' health is often neglected, they may receive less and poorer quality food, and they may have restricted access to medical care, while at the same time carrying an excessively high workload.

Estimates cited by the World Bank (2001) indicate that there are 60 to 100 million fewer women alive today than there would be in the absence of gender discrimination. In societies which heavily favour boys, sex-selected abortion and female infanticide reduce the numbers of girl children. Furthermore, women tend to be more affected by long-term and chronic illness, which significantly reduces the quality of

Violence against women in Guyana

In Guyana, CIDA's Gender Equity Fund supported the Help and Shelter Crisis Centre to set up a hotline, train workers, improve planning between civil-society organizations and the state in implementing the *Domestic Violence Act*, increase awareness of the Act, and enhance access to support for victims of domestic and gender-based violence. Through the support of the Gender Equity Fund, the Centre raised its profile and enhanced its counselling capacity.

life in later years and increases their level of morbidity.

Physical and sexual violence and practices such as female genital mutilation and honour killings cause further mortality and morbidity. Violence against women and girls is a major public health and human rights concern. Gender-based violence includes physical, sexual, and mental abuse and occurs in all countries; it is estimated that between 20 and 50 percent of women are or will be abused at home. Many older and widowed women are vulnerable to violence, live in poverty, and lack social benefits and support systems. Violence particularly thrives in situations of poverty, where women's status is low and patriarchal power structures predominate. Addressing this issue effectively will require the mobilization of people and resources across sectors.

A specific focus on women's health is necessary to redress these persistent inequalities. Improving women's health is a strategic investment for bringing about broader societal benefits, given women's pivotal role in the health of their families and communities.

Children's rights

Article 24 of the *Convention on the Rights of the Child* guarantees children the right to the highest



attainable standard of health, yet this right remains unfulfilled for many. This is especially true for girls and boys who are marginalized and who are usually not reached by conventional interventions and delivery mechanisms, such as those with disabilities, children from ethnic-minority groups, child labourers, and those in conflict situations. See *CIDA's Action Plan on Child Protection* for further discussion.

The Asia Branch Poverty Reduction Project

In 1999, CIDA's Asia Branch launched a consultation which found that well-being for the poor is contingent upon a range of attributes that can guarantee "greater security and access to different choices." Such attributes include food and physical security, health, clean water, and sanitation. Therefore, improving the health and nutrition status of the poor through attention to food security, priority health and nutrition needs, and access to water and sanitation should be seen as an "investment" in the poverty reduction strategy and the growth of a nation.



Reproductive and sexual health

In 1994, at the International Conference on Population and Development (ICPD) in Cairo and again at the ICPD+5 in 1999, the international community affirmed the right to attain the highest standard of sexual and reproductive health, including the

right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, and to have the information and means to do so. Achieving this is key to ensuring sound reproductive health for men, women, and young people, and to reducing unplanned pregnancies, maternal mortality, infant mortality, and sexually

transmitted infections and their health consequences.

Reproductive health programs have traditionally focused on women. However, there is increasing recognition of men's influence in reproductive health. Men and boys play key roles in supporting women's health, preventing unwanted pregnancies, slowing the transmission of STIs, making pregnancy and delivery

Eradicating female genital mutilation in Mali

Mali's non-governmental organization, Sahel Initiative Troisième Millénaire (SIT3), was established to support community-based initiatives that raise awareness and mobilize for local social, economic, political, legal, and cultural development. Its objectives include helping women develop their knowledge and skills related to improving their status, and eradicating female genital mutilation (FGM), which is one of the issues on which the group is currently focusing as a member of Mali's Network Against FGM. In a recent innovative project implemented by the Canadian partner organization called Centre canadien d'études et de coopération internationale of Montréal under CIDA's Pan-African Program, SIT3 has recruited several of Mali's top singing stars—male and female—to record 12 songs in local languages, encouraging Malians to give up FGM, and reflecting on women's rights and dignity. Arrangements have been made for radio broadcast of the songs, and video clips of eight of the performers are being prepared for use on television.

safer, and reducing gender-based violence (including sexual violence). Further, men and adolescent boys themselves need access to clinical services and information to address their own sexual and reproductive health as well as that of their partners, and to fully participate in family planning. Engaging men and boys to support reproductive health and rights is key to making progress towards meeting international targets, and to addressing the HIV/AIDS pandemic (discussed further in *CIDA's HIV/AIDS Action Plan*).

The availability of reproductive health services, including family planning, can help parents realize their childbearing plans and help assure that reproduction is healthy and safe. The preventive aspects of reproductive health services gain even more importance in light of the HIV pandemic.

Education

Education is a human right—one that is linked to the enjoyment of other rights and is crucial to individual, community, and national development. It is an enabling force for society as a whole, and brings with it profound improvements in quality of life, including health and nutrition. There is much progress to be made to support efforts aimed at the enjoyment by everyone of their right to education. Each year, 130 million children are not in school, and two-thirds of them are girls (UNICEF, 1999). Investing in girls' education and fulfilling their right to education has widespread effect, as numerous studies have demonstrated that the education level of mothers has a substantial impact on family health. Girls who have gone to school tend to marry later, and have fewer and

Reproductive health and family-planning services in Tanzania

Working with UMATI, its Tanzanian counterpart, the International Planned Parenthood Federation has been extending family planning and reproductive health services to underserved groups in six regions of Tanzania. It succeeded in introducing the delivery of innovative sexual and reproductive health services by reaching male clients and youth, and broadening services to include the management of sexually transmitted infections (STI), maternal and child health, and an expanded program of immunization. Highly supported at community, ward, district, and regional levels by clients and authorities, the project's activities in condom promotion have resulted in a steady increase in condom use, both for family planning and STI prevention.

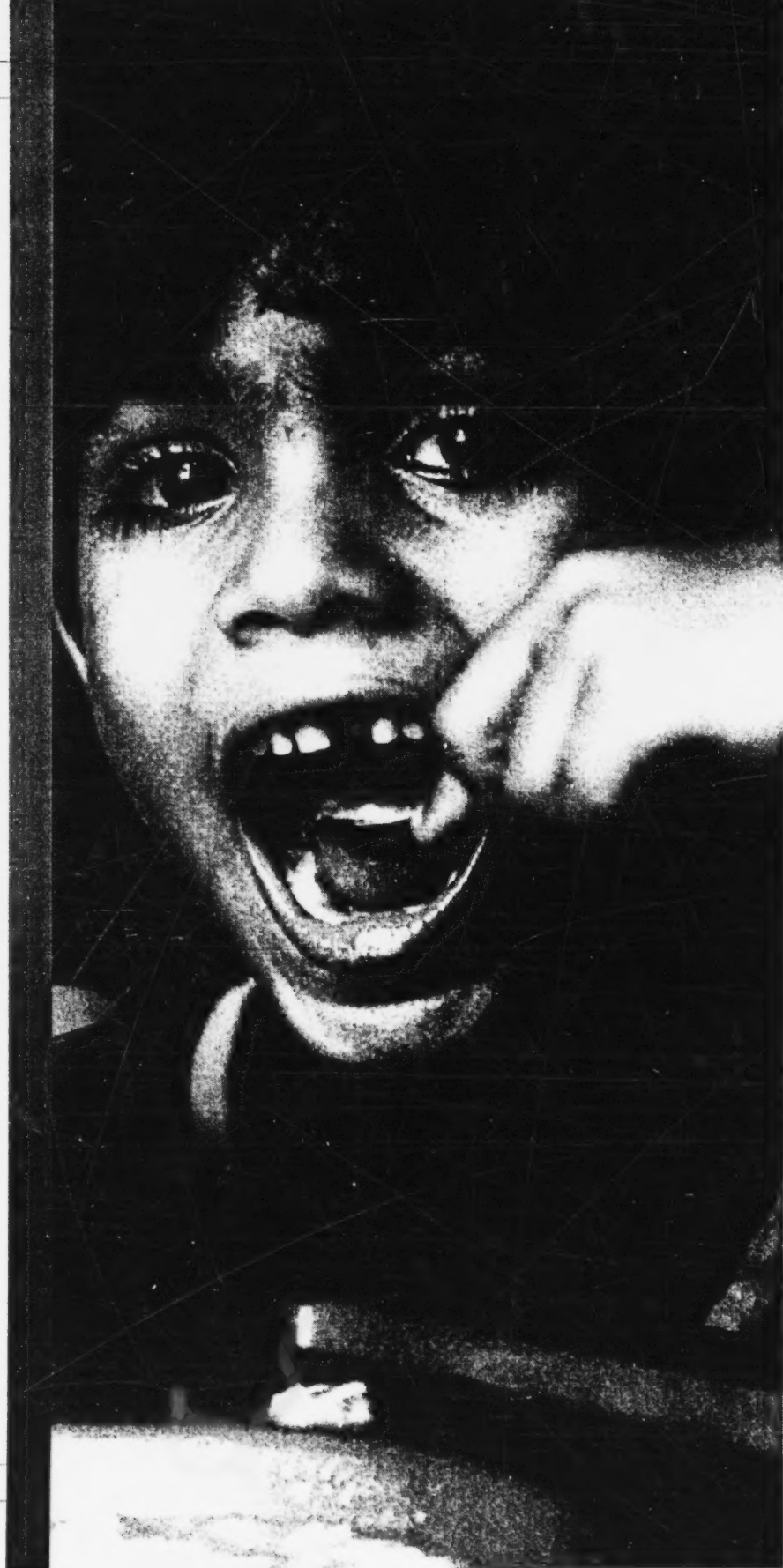


more widely spaced children and healthier families (UNICEF, 1999). Promoting and fulfilling the right to education have clear and important positive health outcomes, as discussed further in *CIDA's Draft Action Plan on Basic Education*.

Food security

A critical cause of malnutrition is food insecurity. For 20 years, there has been enough food in the world to adequately feed everyone. The problem has been one of distribution. Today, more than three-quarters of a billion people are still chronically food-insecure.

The World Food Summit of 1996 defines food security as existing "when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life." Food security is a concept built on three equally important pillars—food availability (sufficient quantities of food available on a consistent basis where needed), food access (when all people have sufficient resources to obtain appropriate foods for a nutritious diet), and food use (appropriate utilization based on knowledge of basic nutrition and care, as well as adequate water and sanitation). Food security is a complex sustainable development issue, linked to health, but also to sustainable agriculture, sustainable economic



Health cannot substantially improve in a community unless there is adequate and equitable access to clean drinking water and sanitation services.

development, environment, and trade. To comprehensively address food security requires an intersectoral, coordinated approach as outlined in *Canada's Action Plan on Food Security*.

CIDA's Action Plan on Health and Nutrition concentrates on food security at the household level as a determinant of health and nutrition. That includes whether households get enough food, how it is distributed within the household, and whether that food fulfills nutrition needs. At this level, food security is clearly linked to the other determinants of health described above, particularly poverty and gender. Women are still largely responsible for nutrition and care at the household level. The differences between women and men in terms of enjoyment of rights, responsibilities, decision-making, and access to food and other resources must be understood in efforts to improve food security and nutrition.

Water and sanitation

Health cannot substantially improve in a community unless there is adequate and equitable access to clean drinking water and sanitation services. Approximately 1.25 billion people still do not have clean water, and between 2 and 3 billion lack adequate sanitation. Rapid population growth, together with urbanization and industrialization, has further spurred rising demands, overwhelming efforts made in the past 20 years to increase water supply and sanitation coverage in developing countries.

The world is now facing a water crisis of unprecedented magnitude. Water is a finite resource, and its scarcity is felt in many parts of the globe. More than 350 million people in 26 countries face chronic water shortages daily, mostly in North Africa and the Middle East. It is predicted that if current trends continue, 65 countries with two-thirds

Urban gardens in Haiti

The three-year Urban Horticultural Technologies project carried out by CARE Canada/Haiti improved community urban horticulture through piloting, monitoring, and evaluating more than 238 urban gardens. The project used a multi-sectoral approach (horticulture, marketing, and waste management), and incorporated a strong gender component. Tended by women for the most part, the gardens directly contributed to increased incomes and improved and diversified diets (including Swiss chard, carrots, tomatoes, and indigenous plants such as malabar spinach and gombo) for 1,501 people, and indirectly for another 3,500. Feedback from participants indicated that the project also created social bonds in communities, gave rise to solidarity, enabled women to develop their self-esteem, alleviated food expenditures, released cash for other food needs, and caused a change of attitude toward waste management.



of the world's population will face water scarcities by the year 2050. This situation will affect accessibility to drinking water, human health, food security, environmental sustainability, and socio-economic development.

There are many challenges to sustainable water management: declines in public funding; the need for increased coordination

among donors and countries; the tendency to apply ad hoc solutions in a piecemeal fashion; and conflict regarding shared water usage.

There are more than 261 river basins being shared between two or more nations, mostly without adequate legal institutional frameworks or dispute-settlement mechanisms.

Water quality is continuously

deteriorating, despite efforts by developing countries to carry out clean-up work. Increased urbanization, industrialization, inadequate wastewater treatment facilities and pollution control, and intensification of agriculture will lead to further water-quality deterioration in all developing countries.

Sustainable water and sanitation in Honduras

Working in collaboration with CIDA, CARE Canada's PASOS (Proyecto de Agua y Saneamiento Sostenible) project and its predecessor (the Rural Water Supply and Sanitation Project) are facilitating community construction and rehabilitation of water and sanitation systems, raising awareness of hygiene and environmental sustainability, increasing community ownership and empowerment, building institutional capacity, and improving gender equality. High levels of community involvement have resulted in the devolution of responsibility for the management of the systems. The passage of Hurricane Mitch showed that communities that had benefited from PASOS were better organized to deal with the crisis and to rehabilitate their systems in the aftermath.

Environment

Environmental problems—such as air quality related to cooking stoves and urban industrial pollution, waste management, and the use of pesticides in agricultural production—are recognized as important direct and indirect determinants of human health. Poor environmental quality is directly responsible for about 25 percent of all preventable ill health in the world today, with a majority occurring among children (due to diarrheal diseases and respiratory infections). Those most affected are the impoverished populations living in rural and peri-urban areas. Major challenges include urban population growth, vector-borne diseases, and hazardous chemicals and waste. As such, environmental quality is an important crosscutting theme for global health programming, and

effective actions need to promote a holistic view of human health and environmental sustainability.

Health and nutrition systems

According to the World Health Organization, health systems are defined as “comprising all the organizations, institutions and resources that are devoted to producing health actions. A health action is defined as any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health” (WHO, 2000).

Health and nutrition systems throughout the world have evolved greatly over the last 100 years, and have contributed enormously to better health for most of the world's

population. Health and nutrition systems are pivotal to providing comprehensive, sustainable, and equitable health and nutrition services, encompassing many aspects: policy, planning, and the basic infrastructure needed to ensure high-quality care, continuous access to essential drugs, and procurement systems to reach those in need.

Ideally, health and nutrition systems have three goals:

- › to contribute to improving health, which includes both the quality of health (the best attainable average health of a population) and fairness (the smallest difference between individuals and groups in accessing the benefits of the health-care system);

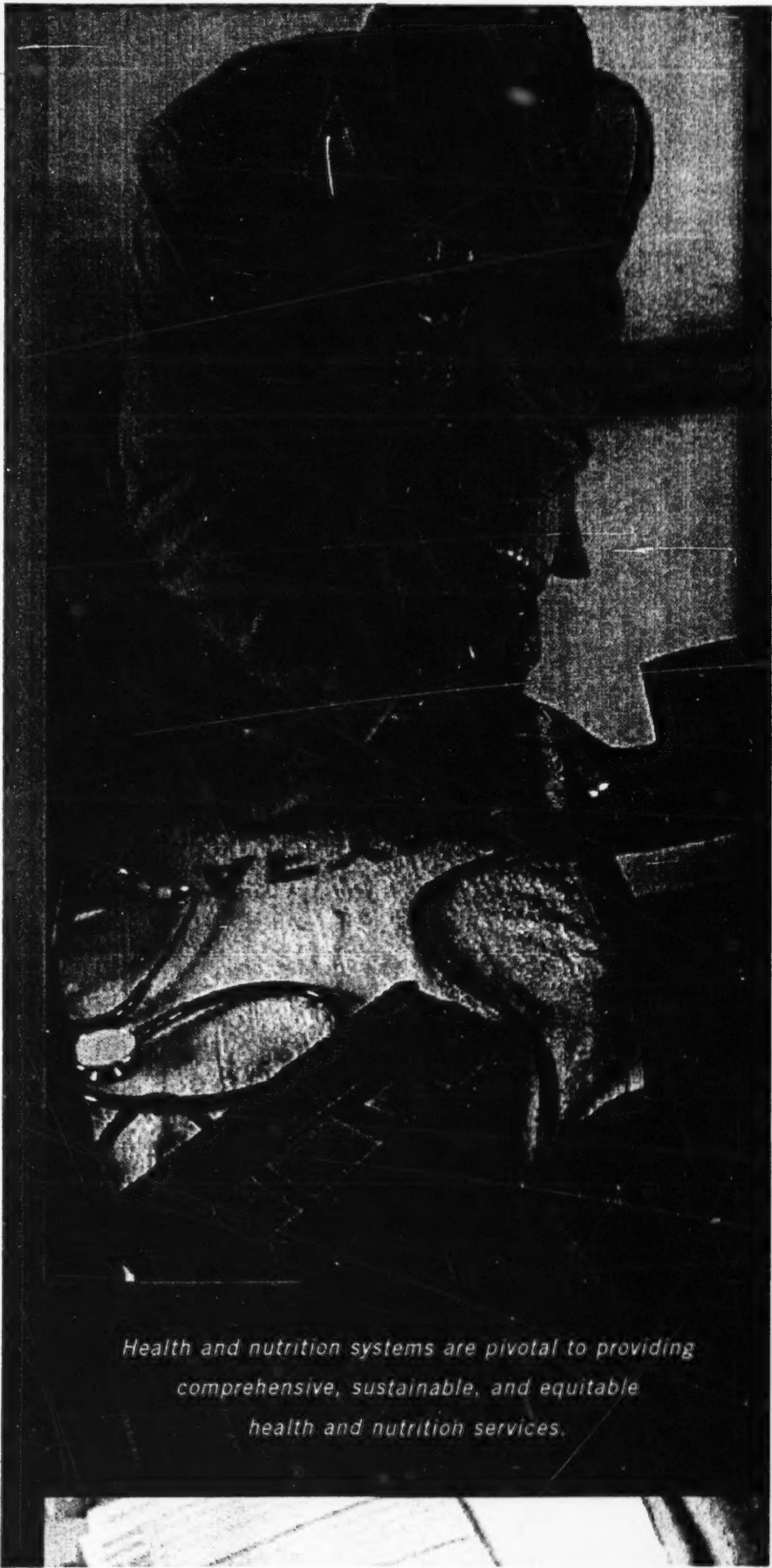


- to respond to the reasonable expectations of the population; and
- to ensure fairness in financing for health.

Achieving these goals, however, depends on how these systems deliver the following four functions:

- service provision, including access (especially to primary health care);
- resource generation (both human and financial resources);
- financing (including priority-setting and cost-effectiveness); and
- most importantly, stewardship by the government in fulfilling its overall responsibility for the performance and attainment of its health system (WHO, 2000).

Yet the WHO found that many national health systems are not adequately carrying out these core functions, resulting in inadequate primary health care, health promotion, and public health services for their citizens. It found disturbing imbalances in human and physical resources, technology, and medicines among global health systems: in industrialized countries, there may be one nurse for every 130 people, and one pharmacist for every 2,000 to 3,000 people; in developing countries, there may be only one nurse for every 5,000 people, and one pharmacist for every 1 million



Health and nutrition systems are pivotal to providing comprehensive, sustainable, and equitable health and nutrition services.



people. Staff members in many low-income nations are often inadequately trained and poorly paid, and have to work in obsolete facilities with chronic shortages of medicine and equipment. In countries where population growth has not yet stabilized, health systems may be underequipped and ill-prepared to meet the increasing demands.

Total government spending on health systems is extremely low in many countries, and may be poorly managed and poorly prioritized; in some countries, the small elite segments of the population may consume the majority of services, and may demand that funds be spent on highly specialized services in place of basic priority interventions. Private health care has become increasingly common in poor countries, which—when poorly managed or inadequately regulated—can fail to provide quality health care at reasonable costs, particularly for the poor.

Conclusion

If the determinants of health are multifaceted, so must be CIDA's understanding of the challenges faced by national governments and their international partners in improving health outcomes. There are a number of core challenges identified, drawn from the international targets for health and nutrition, which are themselves a reflection of the primary causes of mortality and morbidity and the determinants of health in developing countries and countries in transition. It is among these priority areas that CIDA's Action Plan must make strategic decisions for its future work.

Building capacity for health reform in Bolivia

Supported with CIDA funding of \$3 million over four years, the Canadian Society for International Health is working with its Bolivian counterparts at the departmental, district, and municipal level. The two municipalities—San Lorenzo and Guayamerin—have some of the country's poorest health indicators. Project staff members work with their national counterparts to develop health-care management models that address concerns by involving community members, particularly women, in planning, organizing, and evaluating health services.



5

Building on lessons learned— what works

Integrated and targeted nutrition programs that simultaneously address food security, maternal and child care, and primary health care have been shown to have the most impact in reducing protein-energy malnutrition.

This Action Plan must take into account the lessons learned and strengths developed in CIDA's work, as well as those shared by national, international, and non-governmental partners. Among the key lessons are:

Nutrition

Integrated and targeted nutrition programs that simultaneously address food security, maternal and child care, and primary health care have been shown to have the most impact in reducing protein-energy malnutrition. In particular, protecting women's nutrition and improving child-feeding practices (including the promotion of breast-feeding) are critical. Micro-nutrient supplementation and fortification are further efforts that are highly cost-effective: regular vitamin-A supplementation reduces child death rates by about 25 percent; the iodization of salt is wiping out iodine-deficiency disorders; and the addition of iron and other micro-nutrients to foods can have a profound impact on anemia, an important cause of ill health for women and a cause of mental impairment and low school performance in children.

FOOD SECURITY

To contribute optimally to nutrition, food-security programming must be comprehensive in its approach, incorporating aspects of food availability, access, and use. In addition to having access to high-quality food, people must have access to adequate social services (basic education, health, water, sanitation), and they must have the capacity to provide care for themselves and their families to effectively use available food.



Sexual and reproductive health

ACCESS TO FAMILY PLANNING SERVICES

One of the most effective contributions to safe motherhood lies in ensuring universal access to high-quality family-planning information and services. Such information and services must be sensitive to the local context, and must also be accessible to adolescents. Increasingly, repro-

ductive health programs that include both men and women (including young people) and that include efforts to prevent sexually transmitted diseases (including HIV/AIDS) have gained social acceptance and are proving to be safe, highly effective, and low-cost.

ANTENATAL CARE

Programs that ensure malaria prevention, good nutrition, and

antenatal care for new mothers are also critical to maternal and child survival and development. Health care during and after delivery, including the presence of a skilled birth attendant, is also key. Programming focused on gender equality and girls' education contributes to further reducing maternal mortality.

Communicable diseases

The community-based Integrated Management of Childhood Illness (IMCI) approach effectively manages childhood illnesses such as acute respiratory infections and diarrhea by addressing not only individual diseases, but the sick child as a whole. Within the context of primary health care, IMCI incorporates simple lifesaving technologies as well as health-promotion and preventative guidelines (such as breast-feeding counselling), and pays attention to improving communication and the skills of health workers. It is also known that immunization, provided in the context of integrated health services, is a highly cost-effective way to improve children's chances of survival and good health. Deaths from pneumonia can largely be averted with the use of low-cost antibiotics and recent vaccines, and morbidity and mortality from diarrhea can be prevented by improving access to water and sanitation, hygiene education,

and low-cost oral rehydration therapy (drinking clean water with added cereals or sugar, and salt).

PANDEMICS

Treating pandemics involves both immediate and systemic responses. The burden of disease from malaria can be reduced through the use of insecticide-treated bed nets and timely access to effective drugs, along with education on malaria treatment and prevention; long-term efforts encompass effective environmental management of water courses where the malaria mosquito breeds. Similarly, the immediate measure for controlling TB is the Direct Observed Treatment Short Course (DOTS), ensuring that TB drugs are taken regularly until the end of treatment, while long-term efforts involve improving the determinants of health such as

nutrition, adequate housing, and access to comprehensive essential health care. Cost-effective approaches to preventing and controlling HIV/AIDS are discussed in *CIDA's HIV/AIDS Action Plan*.

Water and sanitation

INFRASTRUCTURE PLUS HYGIENE EDUCATION

Funding the construction of affordable wells, bore holes, hand pumps, rain cisterns, small simple piped systems, latrines, and other cost-effective measures can increase access to safe water sources and adequate sanitation for poor people in rural and peri-urban areas. These efforts are more effective when integrated with hygiene education, and when they involve health workers, health authorities, and schools as reinforcing actors. Even greater success

is possible in countries with existing approved national water and sanitation plans and policies.

PARTICIPATORY APPROACH

The participation of local communities, women, local non-governmental organizations, and small enterprises is crucial from the beginning. Such participatory and gender-aware approaches often have ongoing, permanent benefits—projects can mobilize communities, improve women's status, lighten women's and girls' time burden in water chores, build community capacity, increase incomes, and improve environmental practices.



There is now strong evidence showing that health systems, which provide universal access to health services and that target programming in priority areas, have the greatest impact on the health of those living in poverty.



Health systems

There is now strong evidence showing that health systems, which provide universal access to health services and that target programming in priority areas, have the greatest impact on the health of those living in poverty. Government leadership and commitment are essential in ensuring progress. Governments that provide strong stewardship, including strong planning and

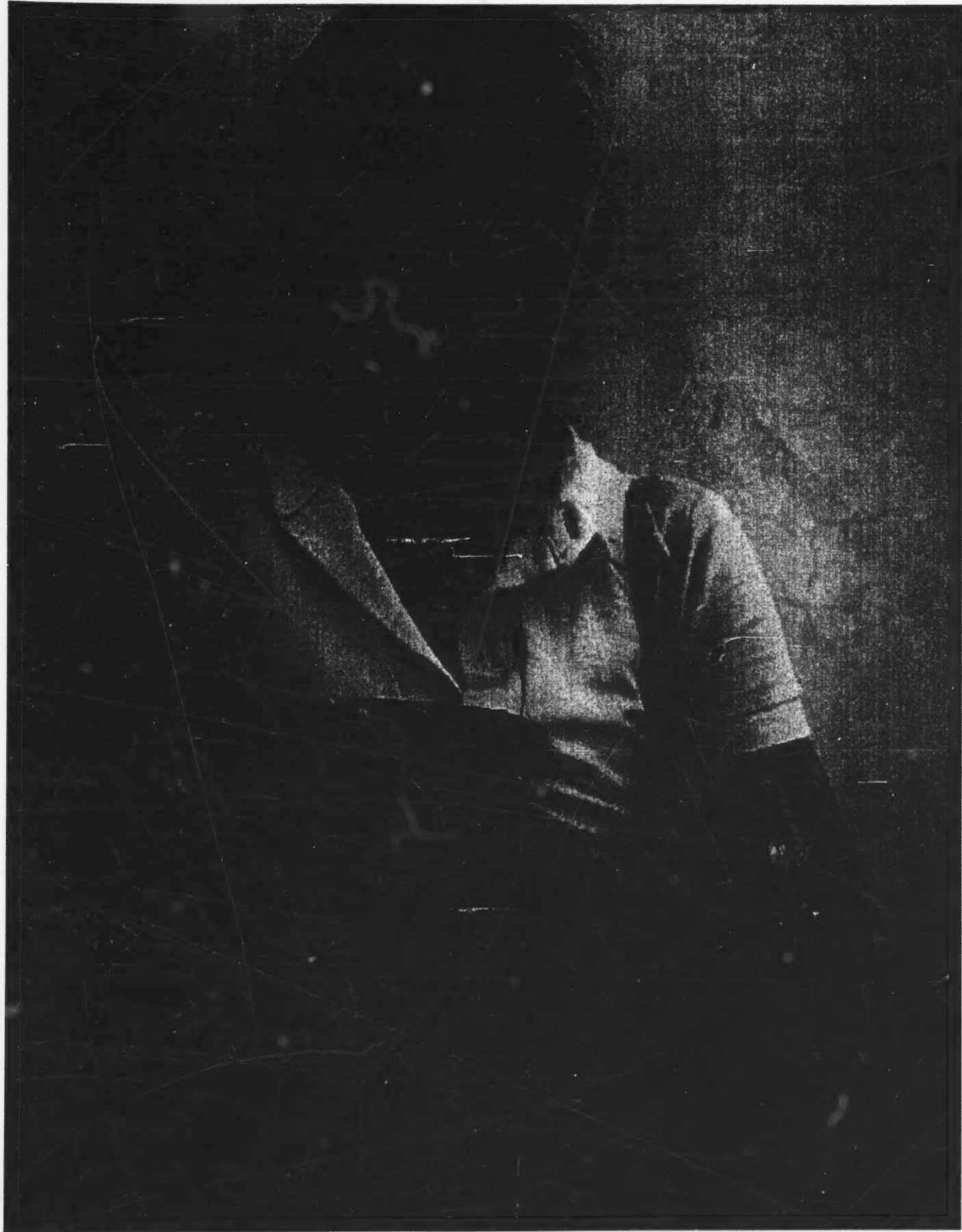
policy-making, can work toward ensuring better provision of services and stronger and more equitable financing. Donors can play an important role in supporting countries' plans for improving their health systems, as well as their health, nutrition, and water and sanitation policies, and in participating in donor coordination mechanisms such as sector-wide approaches, and in country planning methods such as poverty reduction strategy papers (PRSPs).

Clean water in Ghana

Since the early 1970s, CIDA has invested nearly \$150 million to help provide potable water to more than 1.5 million Ghanaians, making a measurable impact on health and poverty in three of the country's regions. The program has provided 3,100 bore holes, hundreds of hand-dug wells, and 38 distribution systems. It has also supported the training of 5,000 community water organizers and 15,000 women hand-pump managers, health and hygiene education to 200,000 women, and capacity building for 2,000 communities and more than 100 small firms. Over time, the program has evolved to a more balanced community approach—the most recent projects emphasize capacity building, local government strengthening, private-sector participation, and community training to effectively plan, manage, and deliver sustainable services. This approach has already been replicated in other countries.

Implementing health reform in Russia

In 2000, Canada joined a multidonor effort to help implement health-care reform in Russia. Along with the World Bank, the United Kingdom's Department for International Development, and the Swedish International Development Agency, CIDA is supporting an ambitious initiative to help Russia develop a national health-care reform strategy. The work involves formulating standards and guidelines to accelerate the expansion of primary care and to improve the cost-effectiveness of emergency, diagnostic, and hospital services by piloting reform measures at the federal level and in two regions. The expected outcome is an improvement in the quality, accessibility, and financial sustainability of health services.



The important role of civil society and new partnerships, including those with non-governmental organizations, trade unions, the private sector, and foundations, has opened new possibilities.

How we will work: the integrated approach

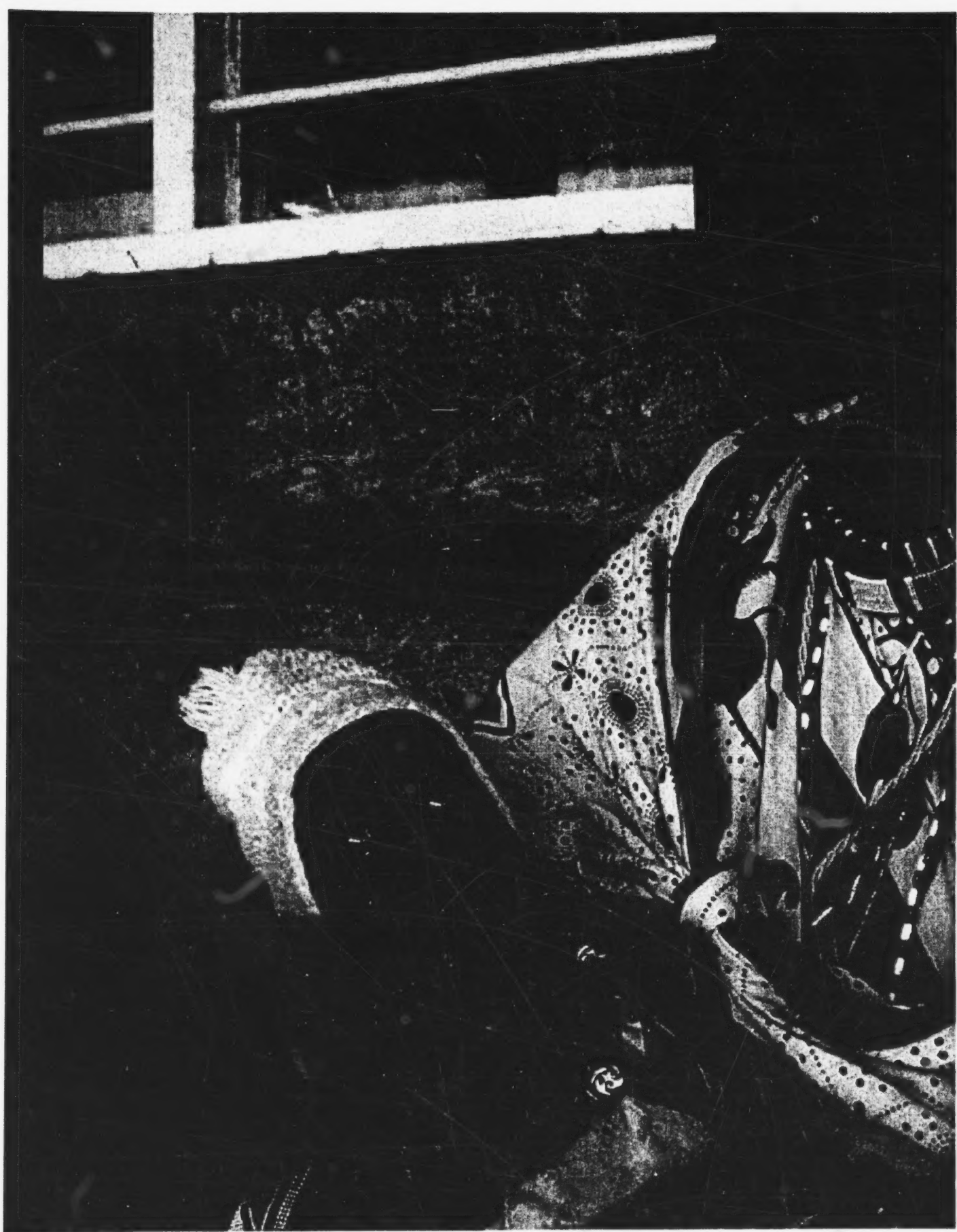
WORKING WITH OUR PARTNERS

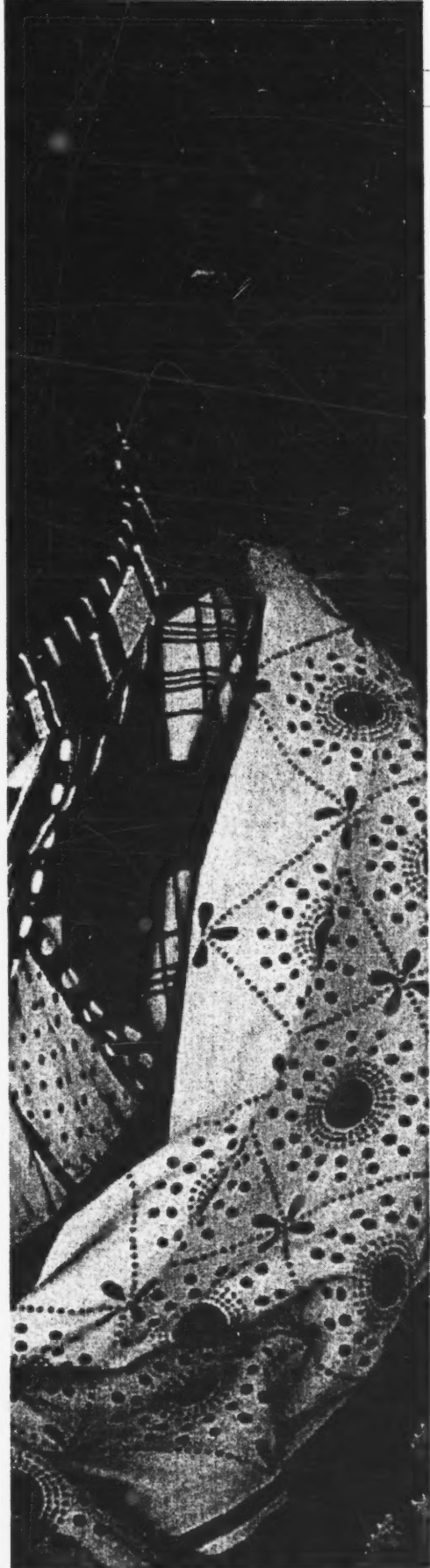
The international community, with the leadership of the United Nations system, has come to an unprecedented consensus on a number of International Development Targets, including reducing child and maternal mortality, providing universal access to reproductive health care services, providing clean water, and reducing malnutrition. In 2000, world leaders attending the Millennium Summit adopted the *United Nations Millennium Declaration*. The United Nations system is harmonizing the goals from the Millennium Summit with the existing International Development Targets and working to continue the process towards international consensus on these key issues.

Renewed international commitment to programming in these areas has resulted in improvements to treatment and prevention, stronger health systems, and better public policy. The important role of civil society and new partnerships, including those with non-governmental organizations, trade unions, the private sector, and foundations, has opened new possibilities. At the same time, local expertise and traditional and indigenous knowledge are also contributing to this international response.

Building research capacity for priority needs

Through multilateral channels, CIDA supports the Special Programme for Research and Training in Tropical Diseases (TDR) and the Special Programme of Research, Development and Research Training in Human Reproduction (HRP). These leading international research initiatives are helping bridge what is known as the 10:90 gap: less than 10 percent of health research is devoted to diseases or conditions that account for 90 percent of the global disease burden. More than 30 percent of TDR and HRP investments are earmarked for research capacity-strengthening through training grants that have helped establish a core group of skilled scientists and strong institutions in developing countries—making it possible for developing countries to participate in addressing their own development through research.





CANADA'S ROLE

This Action Plan draws from the Agency's focus on poverty reduction and its commitment to gender equality and human rights. It has been developed with a clear vision of contributing to international efforts, but with a strategic awareness that our contribution can make a real difference. In prioritizing actions, CIDA must look for existing gaps in the present international response to the challenges, and examine where Canadian strengths and experience can augment this response. Given the interrelated nature of the various health determinants, approaches to meet the global challenges will need to integrate health and nutrition with water and sanitation and other key sectors such as education, income generation, and gender equality.

Canada's long tradition of financial support and intellectual contributions to multilateralism has earned it credibility and influence in key international organizations. Our involvement in key international development organizations provides Canada with critical leverage through working with like-minded countries to achieve policy objectives or by

leveraging financial resources to address key issues and respond to the needs of the most vulnerable populations of the developing world. Our participation in multilateral organizations and their programs allows Canada to further increase its geographic and sectoral scope, giving us a presence beyond our bilateral coverage.

LOCAL OWNERSHIP

Ultimately, implementation of the Action Plan must be carried out in collaboration with our country partners at the country level, with this plan providing guidance to the ongoing implementation process. It is crucially important that national governments are supported in their own efforts to deliver priority health, nutrition, and water and sanitation programs, that donors work in concert with those efforts, and that strong partnerships across the public, non-governmental, and private worlds are built. Any action taken, moreover, must build on solid evidence of what is of primary importance to those living in poverty, what is proven to work, and what is most cost-effective in reaching those priority areas.



CHARACTERISTICS OF THE INTEGRATED, MULTISECTORAL APPROACH

- It focuses on the priority interventions which address the primary causes and underlying determinants of morbidity and mortality in developing countries and countries in transition.
- It aims to strengthen national, regional, and district health and nutrition systems to better serve the poor.
- It promotes the progressive realization of the highest attainable standard of physical and mental health by removing obstacles to accessing health information and services, and it creates sound public policies that further meet the health, nutrition, and water and sanitation needs of the poor.

Why the integrated approach is necessary: The case of prevention and treatment of diarrhea

A child with diarrhea needs prompt access to oral rehydration solutions to avoid dehydration and possible death. The solutions depend on access to clean drinking water and effective primary health-care intervention, which require in turn effective national systems of health care, water and sanitation facilities, hygiene education, and environmental management. Repeated episodes of diarrhea can worsen malnutrition, and malnutrition can make a child more susceptible to diarrhea, risking a downward spiral that often leads to death. Conversely, good nutrition can improve children's ability to fight infections and, should they become ill, can improve their chances of avoiding serious illness. In all cases, fulfilling women's right to education and addressing the poverty of the family and community are significant factors, themselves affected by good—or poor—public policy which is non-discriminatory and promotes participation. Prevention and treatment of a simple and deadly ailment therefore require action on many fronts by families, communities, civil society organizations, national governments, and, when needed, with the support of the international community.

FOCUS ON THE POOR AND DISADVANTAGED

The focus here is squarely on the needs of the poor and disadvantaged, and special attention will be given to the poorest of these, including women and children. The heaviest burden of morbidity and mortality is felt in the first five years of life, and therefore a focus on promoting the health of children and allowing them a better start in life is a strategic investment in a country's future. Women's health needs are many and have often been neglected. Addressing them will be one of CIDA's programming priorities. Maternal and child health are intimately linked; further progress in child survival and health will also require improvements in women's health.

In all of CIDA's health, nutrition, and water and sanitation

programming, the Agency will take a sustainable primary health-care approach to focus on the health and nutrition needs of the poor and disadvantaged in the following areas, concentrating efforts on children and women.

Priority interventions

Working in genuine partnership, CIDA believes that focused, integrated, and comprehensive primary health-care programming in the following areas can make a real and immediate impact:

1. IMPROVING FOOD SECURITY AND NUTRITION

CIDA will make efforts to support food security and nutrition interventions that are closely correlated with improved health and nutrition,

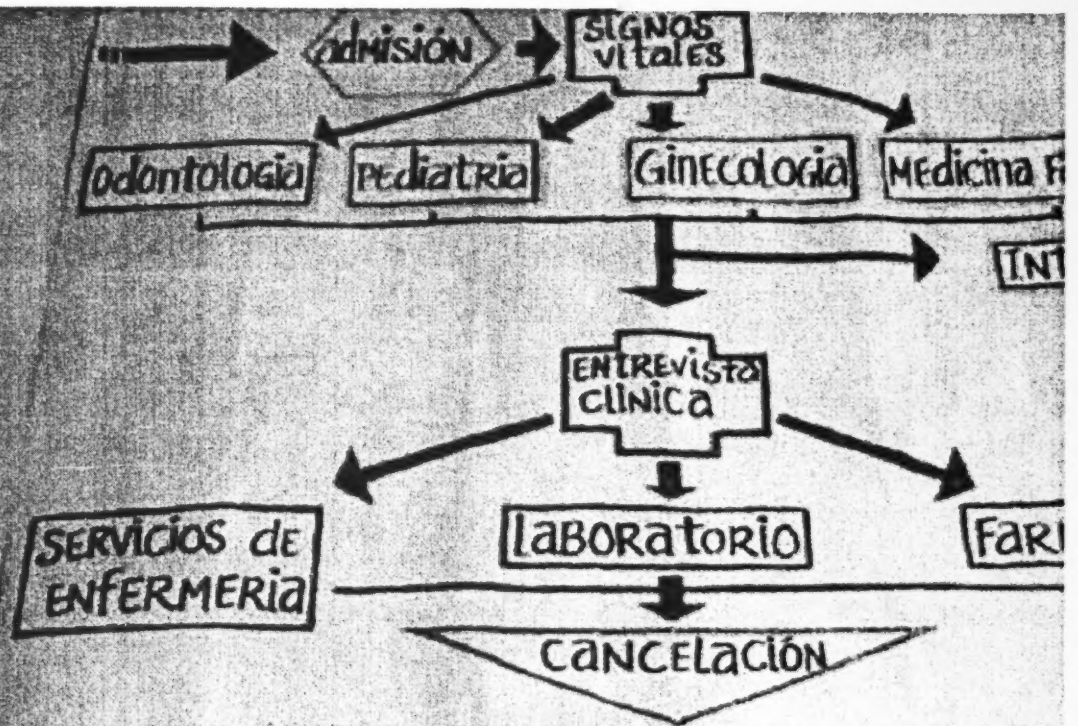
that aim to reduce protein-energy malnutrition, eliminate micronutrient deficiencies, and promote breast-feeding, and that integrate health and nutrition services to optimize efficiency and impact.

Food-based approaches:

CIDA will look for opportunities to promote food-based approaches. While it may be more difficult to evaluate the impacts of food-based approaches on nutrition status, researchers, policy-makers, and programmers must come up with new and innovative ways of examining the impacts and finding the right balance between the cost-effectiveness and the sustainability of these interventions.

Therefore, this Action Plan will include food security and nutrition activities for which nutritional







and/or health impacts are expected (e.g., increased intake of food and/or micro-nutrients, reduction in the proportion of underweight or stunted children) and where specific indicators are being tracked throughout the course of the program. Programs designed to prevent and reduce malnutrition must incorporate sound gender analysis that examines impacts on women's time allocation, income streams, nutrition, and health.

Micronutrient supplementation/fortification:

CIDA will continue to build on the successes and lessons learned in the area of addressing micronutrient malnutrition through

supplementation and fortification. Supplementation efforts will focus on the vulnerable points in the life cycle, most notably the first five years of life, prior to and during pregnancy, and during lactation.

2. IMPROVING ACCESS TO CLEAN WATER AND SANITATION—REDUCTION IN WATER-RELATED DISEASES AND DEATHS SUCH AS DIARRHEA, CHOLERA, DYSENTERY, TYPHOID FEVER, AND ROTAVIRUS, AND PROBLEMS ASSOCIATED WITH ARSENIC CONTAMINATION

Public awareness:

Raising public awareness of water issues and establishing monitoring

Primary health care

The Declaration of Alma-Ata defines primary health care as:

"Essential health care... accessible to individuals and families in the community... through their full participation... in a spirit of self-reliance and self-determination. It forms an integral part of both the country's health system of which it is the central function and main focus of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process."

This includes, as essential components:

- ▶ Health education
- ▶ Environmental sanitation
- ▶ Maternal and child health care (including family planning and immunization)
- ▶ Prevention of locally endemic diseases
- ▶ Appropriate treatment of common diseases and injuries
- ▶ Provision of essential drugs
- ▶ Promotion of nutrition



systems is essential, while ensuring the maximum involvement of the stakeholders in the area of water and sanitation. This will generate the political will to deal with the longer term issues, while avoiding the recurrence of emergencies. This will be done through support to media organizations, educational institutions at all levels, and strengthening of civil societies, especially the voluntary sector.

Infrastructure services:

Programming interventions will include support to emergencies by supplying water and sanitation services to affected communities, support to strengthen national, regional, and local institutions that provide water and sanitation services, support for the provision of water-resources development and necessary infrastructure to manage storage, treatment, distribution of water, and collection and disposal of wastes. The promotion of hygiene

at the community, school, and household levels, coupled with low-cost water and sanitation interventions such as wells, bore holes, and pit latrines, can greatly improve the health and well-being of children in rural and peri-urban areas.

3. PREVENTING AND CONTROLLING COMMUNICABLE DISEASES

At the country level, CIDA will give priority to programs that aim to increase the coverage of existing cost-effective interventions such as Direct Observed Treatment, Short Course (DOTS) for TB; insecticide-treated nets for malaria; intermittent, presumptive malaria treatment for pregnant women; childhood vaccinations; and prompt treatment for children suffering from malaria, pneumonia, and diarrhea, with a clear focus on measurable impacts and achievement of targets. Integrated, community-based treatment and prevention programs

for communicable diseases will be encouraged, such as the Integrated Management of Childhood Illness, and the integration of TB and HIV/AIDS prevention, care, and treatment, within the context of sustainable primary health-care programs.

At the international level, CIDA will continue to support the work of the WHO, including support for global partnerships such as the Joint UN Co-sponsored Special Programme for Research and Training in Tropical Diseases (TDR), Stop TB and the Global TB Drug Facility, Roll Back Malaria, the Global Alliance for Vaccines and Immunization, the Global Polio Eradication Initiative, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

4. IMPROVING SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING SAFE MOTHERHOOD

Sexual and reproductive health:

Universal access to high-quality sexual and reproductive health includes family-planning information and services to address the unmet need and demand for services. Access to services for prevention, diagnosis, and treatment of STIs will be encouraged. Effective reproductive and sexual health programs must include both men and women, with

a particular emphasis on youth. Programs targeted to young people, both school-based and for out-of-school youth, will be supported. We will support programming to develop more effective and affordable commodities for contraception and prevention of STIs, such as microbicides. Strategies in this area will allow for links with programming included in *CIDA's HIV/AIDS Action Plan* and *CIDA's Draft Action Plan on Basic Education*.

Safe motherhood:

In order to have direct impact on maternal mortality and morbidity, priority will be placed on programs that improve coverage of basic prenatal care (including attention to nutrition and disease), that ensure skilled attendance at birth and access to emergency obstetric care, and that support capacity-building for community-based care and referral. Comprehensive maternal health programs and intersectoral initiatives in this area that focus on underlying social factors (such as employment, income, education, and the status of women) and that promote gender equality will also be encouraged.

At the multilateral level, CIDA will continue to support the work of key organizations that, through a broad range of research activities, provide both evidence and policy support in all areas of reproductive



health programming and program delivery in developing countries. These include WHO and the Joint UN Co-sponsored Special Programme of Research, Development and Research Training in Human Reproduction (HRP), which represents the most important international research body for developing countries; UNFPA as a key global player in helping to ensure universal access to reproductive health; and UNICEF, with its mandate to provide development and emergency assistance to children and women.

5. PREVENTING AND CONTROLLING NON-COMMUNICABLE DISEASES

Injury:

The focus will be on primary injury prevention and the strengthening of local capacity for the medical management of those who are injured. Prevention of injury and violence against women and girls

(including attention to female genital mutilation), suicide, road accidents, and firearms injuries will also be given priority.

Tobacco-related illness:

In 1999, the WHO inaugurated the Tobacco Free Initiative to focus international attention, resources, and action on the global tobacco pandemic. An International Framework Convention for Tobacco Control is currently being negotiated, with Health Canada playing a major role. This will likely address issues such as bans on tobacco advertising and promotion, taxes on tobacco products, smuggling, subsidies, public awareness, as well as tobacco dependence and cessation. CIDA will support the involvement of developing countries in this process and in subsequent implementation activities. Programs that improve local capacity to address the growing



problem of tobacco use and that foster appropriate policy implementation, with an emphasis on women, youth, and prevention, will be encouraged.

Mental health:

CIDA will encourage programs which primarily address prevention, care, and treatment for mental-health disorders among women, children, and youth. Priority attention will be given to programs that address those factors which have been found to be highly protective against the development of mental problems, and which enhance the competence of primary health-care providers to recognize and treat mental-health consequences of domestic violence, sexual abuse, and acute and chronic stress in women.

Other non-communicable diseases:

Other non-communicable diseases such as cardiovascular disease and malignant neoplasms will not be a priority programming focus in this Action Plan. However, CIDA will address tobacco use, an important risk factor for certain types of cancer and cardiovascular disease, and will therefore impact on the incidence of these diseases.

Further, evidence is increasing on the role of low birth weight in the development of non-communicable disease in adulthood, specifically cardiovascular disease and diabetes. Therefore, attention to improving the nutrition status of reproductive-aged women, through food security and nutrition strategies in this Action Plan, can have a role to

play in the prevention of non-communicable diseases.

It is also recognized that strengthening health systems and health services, in the context of integrated and sustainable primary health care, will result in benefits throughout the whole spectrum of illness, care, diagnosis, and treatment.

6. STRENGTHENING HEALTH SYSTEMS

Taking advantage of an environment of reform:

The need to strengthen health systems comes at a time when many developing countries are introducing reforms that can profoundly influence how basic health services are provided and who receives them. Many reforms of the health sector are included in

larger structural adjustment programs and therefore are embedded in the larger macro-economic and political shifts which have taken place over the last two decades. Health-system reform is being undertaken in many developing countries to reduce inequities, improve quality, and correct inefficiencies in current systems while reducing public spending.

In many countries, health systems are weak and unable to ensure adequate or universal services for their citizens. As national plans evolve, governments should play a crucial role as stewards of development planning for health, providing significant public finance, setting up regulations, coordinating development assistance, and harnessing the energy of both voluntary and private-sector organizations.

Strengthening capacity for service to the poor:

Wherever possible, CIDA support for priority interventions will be part of a health-systems approach, strengthening the capacity of national, regional, and local health systems to provide services to the poor. A narrow focus on a particular problem may be wasted if the backbone of health systems is not strong enough to prevent deaths from other causes. The great success of the global polio-eradication campaign is to be celebrated and supported; yet, without sound health-care systems, the same child saved from death or disability from polio could later die from simple diarrhea.

CIDA will expand its work to strengthen health systems, with a clear focus on improving the health of the poor and marginalized. That

work will include capacity-building efforts, as well as other measures, including local, regional, and South-South exchanges. The Agency will continue to work in countries where its interventions contribute to strengthening health systems and, when appropriate and requested, will also participate in sector-wide approaches in partnership with local, national, and international players. At the multilateral level, CIDA will support the work of the WHO and the World Bank in conjunction with developing countries and Canadian expertise to develop tools for strengthening health systems that respond to specific needs and situations of the countries themselves.

Strengthening allied systems:

This "systems strengthening" approach can also include food and nutrition systems, which are





often either outside the formal health system or only partially included in it. This could involve, for example, strengthening the nutrition department within the national Ministry of Health. However, food security is often included in the mandate of the Ministry of Agriculture, and/or the Ministry of Rural Development, and therefore intersectoral capacity-building may need to be considered. Food systems are an important component of the food security–nutrition spectrum, and therefore strengthening the production, distribution, and consumption aspects of food systems (for example, through a national, universal food fortification program) will complement the priority food security and nutrition actions and interventions mentioned above, which focus on an integrated, community-based approach for improving the health and nutrition of women and children.

Encouraging civil-society participation:

Local (subnational) health systems should be included in this response, with an emphasis on community-based primary health care and the full participation of civil society and community. Therefore, although the focus may be at a national level to build capacity within the health system, district-level and community-based programming that encourages the full participation of civil society, builds capacity at a local level, and contributes to a strengthened national response will also be encouraged. Empowered civil society can promote and advocate good health-sector governance and stronger national health systems.

7. FOSTERING THE IMPLEMENTATION OF SOUND PUBLIC POLICY

Influential publications such as the 1998 World Bank research report

Assessing Aid provide compelling evidence that aid works best in those countries with sound policy environments that are supported by strong institutional capacity. CIDA's approach includes support for a broad range of integrated and sound public policies that contribute to sustainable success in the priority areas. Responding to the priority problems of the poor and strengthening health systems must be reinforced with support for integrated and sound public-policy measures in related areas in health, nutrition, and water and sanitation. To ensure proper implementation and monitoring of the policy, support will be considered for program initiatives that reinforce the linkages between agencies working on policy and those working on services at the community level.

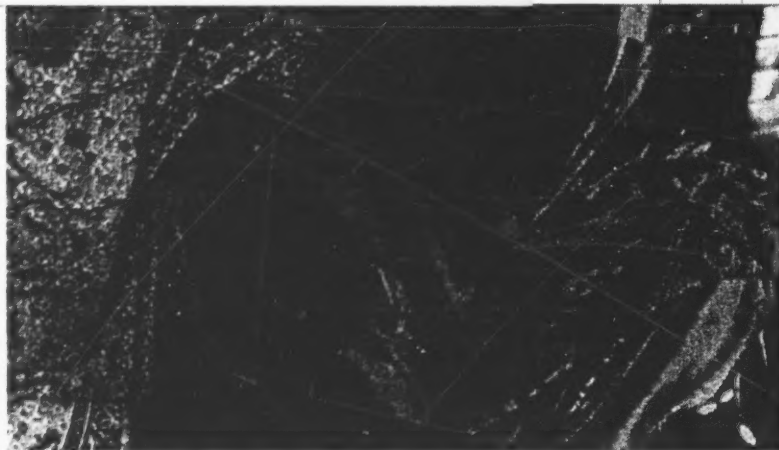
8. USING CLEAR CRITERIA FOR PROGRAMMING AND PARTNERSHIPS

This approach is meant to offer CIDA programmers and partners a strategic direction for decisions about programs or initiatives within the context of regional and country program priorities. It covers both the 'what'—cost-effective interventions which address the priority health and nutrition problems of the poor—and the 'how'—working to strengthen systems and public policy. Preference will be given to efforts that meet the following criteria:

- Responding to demand and to demonstrated needs:

New programming will be focused on those areas and populations where there is a demonstrated need based on a thorough analysis of health and nutrition indicators, as identified by the countries themselves. Efforts should be made to include the poor and marginalized in the definition and reporting of needs. In this way, CIDA can focus new resources on countries and populations where the need is greatest and where it can expect to have the greatest impact.

- Reinforcing existing commitment and investment: Further choices will concentrate on countries that have demonstrated their commitment toward making progress in priority areas for the poor, thus promising better chances for sustainability in the future. For example, the use of additional resources from debt relief at a country level for health and nutrition priorities demonstrates country commitment to sustainable health improvement and poverty reduction.



- Concentrating on effectiveness, or "evidence-based practice":

In all partnerships, CIDA will support initiatives on the basis of their known effectiveness in preventing deaths or improving lives, such as those practices which have been proven through research and known outcomes. This will be a dynamic process, so that there is room for new approaches as they emerge. On a small scale, CIDA could also support selected research initiatives that explore promising new treatments and approaches in the priority areas, including community, system, and policy-level initiatives. This emphasis on knowledge-based development assistance includes the generation and dissemination of knowledge on global health issues, in order to strengthen the evidence base for health and nutrition programming. CIDA will continue to support multi-lateral partnerships such as

with the WHO, which has a mandate to develop and produce evidence-based policy work, norms, and standards that must underpin all programming and decision-making.

- Weighing cost-effectiveness: As much as possible, CIDA will recommend that, from the possible safe and effective interventions available, those that have the greatest impact per dollar are preferred. It is recognized, however, that there is some tension between cost-effectiveness and sustainability. While short-term results are often easier to quantify and cost, we must not lose sight of the fact that when addressing the underlying determinants of health, comprehensive processes which promote and ensure long-term sustainable outcomes also need to be supported.



- **Promoting sustainability:**
Of all possible options, only those that contribute to building the sustainable capacity of local, regional, and national systems, through such strategies as capacity-building, focus on preventative measures, and development of sound public policy, will be supported. Ensuring participation and inclusion of civil society and community organizations will assist with sustainability of programs.
- **Promoting capacity-building/training:**
Capacity-building, although not sufficient on its own, is a critical

factor in building sustainable national and local health services. At the multilateral level, CIDA will continue to support initiatives that focus attention on developing local capacity such as TDR, HRP, and the recent joint initiative between WHO, the World Bank, and CIDA on developing new tools and capacity with developing countries to strengthen health systems.

- **Drawing from Canadian expertise:**
CIDA can optimize its contribution by building on Canada's comparative advantages and strengths. Where appropriate,

CIDA will encourage other Canadians to share their world-class expertise in meeting these key targets. Although Canada is a relatively small player in terms of overall development assistance, our country has much to offer in terms of global health, nutrition, and water and sanitation efforts. As new programming is developed, Canada's strengths should be one factor in CIDA's planning, thus helping to ensure that any contributions in dollars are augmented by our contributions in policy influence and expertise.

- Encouraging global reach: Where support is sought for international efforts, CIDA will give priority to those efforts that are global in scope, that focus on priority needs for the poor, and that work in a coordinated and collaborative fashion with national and local systems to deliver needed services and build sustainable national capacity.
- Fostering new and innovative partnerships: Wherever possible, CIDA will support partnerships with a range of civil society, academic, and research organizations and institutions, and between the public and private sector, including the development of new technologies (drugs and vaccines) for treatment and prevention of priority diseases.

- Using appropriate information and communications technologies (ICTs): As part of CIDA's Strategy on Knowledge for Development, the use and promotion of ICTs for development is being encouraged, and this will include the areas of health, nutrition, and water and sanitation. CIDA will support efforts to use existing, new, and innovative technologies in the areas of health promotion, health education, training, and management. These technologies must be practical, sustainable, equitable, and affordable, and must increase opportunities for the provision of quality health care. Special emphasis will be placed on citizens located in rural and isolated areas.

Given the diversity of contexts and challenges that exist in the various parts of the world, finding the right balance in the various options available through this approach is probably less important than finding the right "fit" with the current issues and priorities in a particular country. Therefore, the implementation of the Action Plan will very much be guided in collaboration with our developing-country partners at the country level.

These principles, approaches, and set of criteria are meant to guide the Agency's programming through 2005. They are designed to advance the international targets for health, nutrition, and water and sanitation, given Canada's capacities, resources, and the growing world momentum to make a real impact on the health and nutrition of the world's poorest people.





7

Monitoring, evaluating, and reporting
on results

CIDA will report on a regular basis to Parliament, to Canadians, and to the international community on efforts the Agency undertakes within the Action Plan.

Together with developing-country governments, Canadian and local partners, and the international community, CIDA will monitor closely the implementation of this Action Plan, tracking annual disbursements and results within individual projects and programs. We will work with the rest of the donor community in determining progress towards achieving the international targets. We will also support strong governance in partner organizations to ensure that maximum resources, both human and financial, are targeted to those who need them most.

Moreover, CIDA will ensure that all projects and programs covered by the *Canadian Environmental Assessment Act* include appropriate evaluation of the effects on health. In addition to these activities, CIDA will report on a regular basis to Parliament, to Canadians, and to the international community on efforts the Agency undertakes within the Action Plan.

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Cover photo (left)

A school child in Freetown, Sierra Leone, sits down to her lunch. For many children, this special wartime feeding program provides them with the only nutritious meal of the day. Throughout the country, food security has been affected—supplies have been cut; transport has been disrupted; ongoing hostilities prevent planting or harvesting; and interruptions in employment prevent people from buying what they cannot grow.

CIDA photo: Clive Shirley

Cover photo (top right)

Children gather around a tap in the mountains of Bhutan. The clean water that is now coming into their village is reducing the toll of water-borne diseases, including diarrheal disease, cholera, dysentery, typhoid fever, and rotavirus. Children are the ones most affected by these diseases, and this tap will give them a much healthier life, a greater ability to learn in school and help around the house and farm, and a more productive future.

CIDA photo: Cindy Andrew

Cover photo (bottom right)

An infant in a Peru clinic receives polio vaccine by mouth. Thanks to mass immunization campaigns, polio—one of childhood's biggest threats—will soon be wiped from the face of the earth.

CIDA photo: Ellen Tolmie

Title page

Educating girls is the single most effective way to ensure that the families of the future will be healthy and well-nourished.

CIDA photo: Cheryl Albuquerque

Contents page

A woman watches as a health worker hands her toddler a slip of paper, indicating that the child should receive a dose of vitamin A. They stand in a long queue during a two-day immunization session at the Wenela camp. The camp has become a temporary home for the 5,000 people displaced by the flooding in the district of Chibuto, in the province of Gaza, Mozambique.

UNICEF/HQ00-0232/Giacomo Pirozzi

Page 2

Special immunization days, like this one in China, are excellent opportunities to provide other health-care services, such as administration of micro-nutrient capsules and oral medications, general checkups, and public education about health issues.

CIDA photo: Roger LeMoyne

Page 4-5

The village of Soé, Ghana, has a new hand pump, the Afridev, which was designed and built in India. This pump, which is easy to build and maintain, delivers water from a well between 20 and 50 metres deep, where the water is cool and safe.

CIDA photo: Pierre St-Jacques

Page 6

A woman holds her grandchild in postwar Novi-Travnik, Bosnia-Herzegovina. During the war in this country, health facilities were destroyed, food and water supplies were degenerated, and hospitals and pharmacies could not get supplies. Communicable diseases, maternal and infant mortality, and other health problems rose as health services struggled to deal with war casualties and refugees as well. A key element of the reconstruction program has been the restoration of the health-care system.

CIDA photo: Stephanie Colvey

Page 8-9

A proud mother shows off her healthy baby at the Samir Gassim Health Centre in Omdurman, Sudan.

CIDA photo: Roger LeMoyne

Page 10

A young child is being examined for malnutrition and tuberculosis at an emergency feeding centre in Dhaka, Bangladesh. His village was flooded during the monsoon and he and his family are homeless. Thousands have died, and many more are suffering from water-borne diseases, snakebites, and other illnesses.

CIDA photo: Roger LeMoyne

Page 13 (top)

A young refugee woman in rural Ethiopia waits for delivery of food aid. War and drought have created famine in her region, the Ogaden Desert, creating mass movements of refugees. War in neighbouring Somalia has added to the burden, and hundreds of thousands of people depend on outside help until they can plant again.

CIDA photo: Roger LeMoyne

Page 13 (bottom)

These Brazilian boys are among the highest risk populations in the world. Canada has committed itself to contributing to the international goal of providing reproductive health-care services for everyone by 2015, as well as reducing the number of HIV/AIDS-infected youth by 25 percent by 2010.

CIDA photo: Pierre St-Jacques

Page 14-15

A new water tank supplies safe drinking water to this school in Ghana. Before the tank was installed, students had to go to a nearby village to fetch water. Part of a project to upgrade conditions at primary schools and increase girls' enrolment, this initiative has made it possible for students like this one to study in a safe and healthy environment.

CIDA photo: Pierre St-Jacques

Page 16-17

Lab technician Maria Nutrizo examines a sputum sample at the Villa El Salvador TB lab near Lima, Peru. Peru is a recognized leader in the control and treatment of tuberculosis, and its methods and techniques are being copied in countries around the world.

CIDA photo: Greg Kinch

Page 18

Smokers are getting younger and younger, and women, who are taking up the habit in greater numbers, are putting their pregnancies and their children at risk.

CIDA photo: Cindy Andrew

Page 19

Since the collapse of the Soviet Union, health conditions in Eastern Europe have deteriorated. People have less income and less ability to buy medicines, nutritious food, and adequate shelter. Public health-care services are struggling with insufficient funds, underpaid staff, and crumbling facilities. At the same time, new challenges, like a dramatic increase in alcoholism and HIV/AIDS infections, are putting further strains on the system.

CIDA photo: Carol Hart

Page 20

Homes for the homeless: in Sao Paulo, Brazil, community organizations help street people who have taken over an abandoned building because they could not afford shelter. These families face overcrowding, poor water and sanitation, environmental pollutants, and a variety of social problems that put their health at serious risk.

CIDA photo: Pierre St-Jacques

Page 22

Violence against women affects as many as half of all women in some countries. At the Gregoria Apaza Women's Centre in El Alto, Bolivia, women receive counselling, legal representation, information about their rights, and skills training to start a new life. The centre also does outreach work in the community, raising awareness among women, men, and children about human rights and about the services offered by the Centre.

CIDA photo: Greg Kinch

Page 23

Thanks to basic health-care programs run by CIDA-supported organizations like UNICEF, the UN Population Fund, and many others, more and more women have access to prenatal care, proper nutrition, and skilled attendants at delivery. Their children benefit too: today, more than 80 percent of all children have been immunized, saving an estimated 3 million lives annually.

CIDA photo: Nancy Durrell McKenna

Page 24

A traditional birth attendant in Bangladesh counsels 13- to 15-year-olds on childbirth using a specially designed Birth Planning Card. Both sexes attend these sessions, which reflects a new trend in family planning in Bangladesh that emphasizes shared responsibility and equal rights for women.

CIDA photo: Nancy Durrell McKenna

Page 25

Sulestri and her husband Kusmo hold their one-day-old daughter. Sarmani, a *dukun*, or traditional birth attendant, is with them. The maternal mortality rate in Indonesia, where they live, is more than 100 times higher than it is in Canada. This UNICEF project is working with *dukuns* to help ensure safe motherhood practices are brought to three provinces in Indonesia.

CIDA photo: Nancy Durrell McKenna

Page 26-27

A boy eats lunch at the Angela Landa primary school in Havana, Cuba. UNICEF's cooperation program has supported: expanded access to safe water and sanitation; developing preschool programs for children under five years old; promotion of breast-feeding, including through the Baby-friendly Hospital Initiative; and implementing national educational programs to disseminate health, hygiene, nutrition, and life-skills messages.

UNICEF/HQ95-0379/David Barbour

Page 28

There has been great progress in increasing people's access to adequate services, but many countries don't have enough water to go around. Twenty-five percent of the population in developing countries and countries in transition do not have access to clean drinking water.

CIDA photo: Cindy Andrew

Page 29

James Tengoya, a community health worker, arrives at a rural clinic on a bicycle donated by Canada. He has been chosen by his community and trained by the International Community for the Relief of Starvation and Suffering to educate families about proper hygiene and disease prevention.

CIDA photo: Stephanie Colvey

Page 30-31

In just over a generation, Tanzanians have made tremendous progress in basic health care. People like the patients at this clinic are living longer, healthier lives and the birth rate has dropped by one-third. The heroes are the health-care providers, who continue to struggle to care for their patients despite the lack of facilities, medicine, equipment, and training.

CIDA photo: Éric St-Pierre

Page 32

An infant is weighed in a clinic in Omourman, Sudan. Monitoring weight gain is one of the most important indicators of how well babies are doing in the first year of life.

CIDA photo: Roger LeMoine

Page 34

The best milk is mother's milk: this young Indonesian mother learns about the value of breast-feeding when she takes her infant to the clinic for a checkup and immunization shots.

CIDA photo: Nancy Durrell McKenna

Page 35

The Diego Mateo family of Guatemala shows off their bed nets—nets impregnated with a pesticide that repels the mosquitoes carrying malaria. Malaria claims more than 1 million lives a year worldwide, and the Roll Back Malaria Campaign, which Canada supports, is dedicated to cutting that figure in half by 2010.

CIDA photo: Brian Atkinson

Page 36-37

Poverty and ill health go hand in hand. Poor nutrition, overcrowding and substandard housing, unsafe water, and inadequate sanitation make people vulnerable to disease, and long hours of demanding physical labour erode their resistance. In most countries, consulting a doctor costs more than many families can afford, and free health services are not always accessible.

CIDA photo: Greg Kinch



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For this girl in Matagalpa, Nicaragua, the school lunch program will play a critical role in her own health and the health of the children she will have in the years to come.

CIDA photo: Peter Bennett

Page 40-41

This Masai woman and her baby are waiting to see the doctor at the Rural Health Clinic in Masailand, Kenya. Targeted programs that simultaneously address food security, maternal and child care, and basic family health have been shown to have the most impact in reducing protein-energy malnutrition. Protecting women's nutrition and improving child-feeding practices, especially through breast-feeding, are critical.

CIDA photo: Stephanie Colvey

Page 42

Teofila Zanca in her kitchen in La Paz cooks with iodized salt. For many years, Bolivians did not have access to iodine, and iodine-deficiency disorders, including goitre, cretinism, and mental retardation, were a major problem. The government began a program to iodize salt in 1983, and by 1996, 92 percent of households were using the iodized salt.

CIDA photo: Greg Kinch

Page 43

Every minute of every day, another woman somewhere in the world dies of complications related to childbirth. Despite tremendous progress in health care in the last 30 years, maternal mortality has not improved. Prenatal care is critical to safe delivery and the good health of this Tanzanian mother and her baby. In their country, for every 100,000 births, 530 women die.

CIDA photo: Éric St-Pierre

Page 44-45

Nurse Delina Cano explains the process of admissions to Dolores Iniguez and Basilio Velasquez. For many years, the people of San Lorenzo, Bolivia, were suspicious of hospitals, but attitudes have changed. A strong outreach program by young doctors, training in community health, and improvements to patient services at the hospital have made it a welcoming and reassuring place to receive medical care.

CIDA photo: Greg Kinch

Page 46

Good nutrition saves lives. In South Africa, not everyone has secure access to nutritious food. But more and more children like this girl are staying healthy, thanks to vitamin A. For only 4 cents a year, these capsules can cut child death rates by up to 23 percent, and they may reduce maternal mortality by as much as 40 percent.

CIDA photo: David Barbour

Page 47

Mobile health clinics, like this one in Brazil, bring reproductive health care directly to those who need it most. This young woman in the city of Salvador is finding out about the services that are available through *Bus Projeto Axé*.

CIDA photo: Pierre St-Jacques

Page 48

On the front line are the primary health-care workers, like this one in a clinic in China. Integrated child health programs work within the context of primary health care, incorporating simple lifesaving techniques, health promotion and preventive care, immunization, and public education programs.

CIDA photo: Roger LeMoyne

Page 49

The countries of Central and Eastern Europe, including Romania, have among the fastest growing rates of new HIV infections in the world. This young patient rests at the Victor Babe Hospital in Bucharest, the main facility for children living with AIDS in the country.

CIDA photo: Roger LeMoyne

Page 50

Reproductive health programs have traditionally focused on women. However, there is increasing recognition that men, like these ones in Bangladesh, play key roles in supporting women's health, preventing unwanted pregnancies, slowing the transmission of infections, making pregnancy and delivery safer, reducing violence, and taking care of their own sexual and reproductive health.

CIDA photo: Nancy Durrell McKenna

Page 51

Diphtheria, whooping cough (pertussis), tetanus, and polio claim millions of young lives every year. Now, thanks to mass immunization campaigns, children like this baby in a Bangladeshi village clinic can look forward to a healthy childhood.

CIDA photo: Nancy Durrell McKenna

Page 52

Educating communities in basic health and hygiene, as pictured here in Brazil, is key to the success and long life of safe water systems.

CIDA photo: Pierre St-Jacques

Page 53

Denise Sarmiento takes her TB medicine under the supervision of nurse Rosa Pino in Ica, Peru. This is a key element of the Direct Observed Treatment Short Course, or DOTS, which requires that patients come to the clinic or, in some cases, that health-care workers visit the patient to directly administer the drugs until the treatment is complete. DOTS also includes proper nutrition, adequate housing, and good health care for the patient and the rest of the family.

CIDA photo: Greg Kinch

Page 54

In Bangladesh, both women and men participate in family-planning education in this special project. A key element in the training is coaching for couples to communicate and to plan other aspects of family life, such as finances, on an equal basis.

CIDA photo: Nancy Durrell McKenna

Page 56

In the last 15 years, the number of refugees around the world has doubled. Most are women and children. In refugee camps, they face insufficient food and water, poor sanitation, and sporadic health care. Children often have nothing to do during the day, and many are harassed by guards or fighters hiding from authorities.

CIDA photo: Nancy Durrell McKenna

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High-school students watch the Glen-Norah Women's Theatre Group from Harare, Zimbabwe, as they perform a play about AIDS in the family. The southern region of Africa is perhaps the hardest hit area in the world. In some communities, the adult infection rate is over 50 percent. Young people—especially girls—are at the highest risk of all, and awareness programs like this one play an important role in changing behaviour.

CIDA photo: David Barbour